\equiv

shows:

Was

24A. BURIAL CREMATION, 248. DATE

REMOVAL (Specify)

of death Deceased

cause; (5)

contributing cause

occurred in

a hospital and

attendance on the ior to death. Such

prior to

1403 ParknAve., Balto., Md.

(City, town, or county)

24D. LOCATION

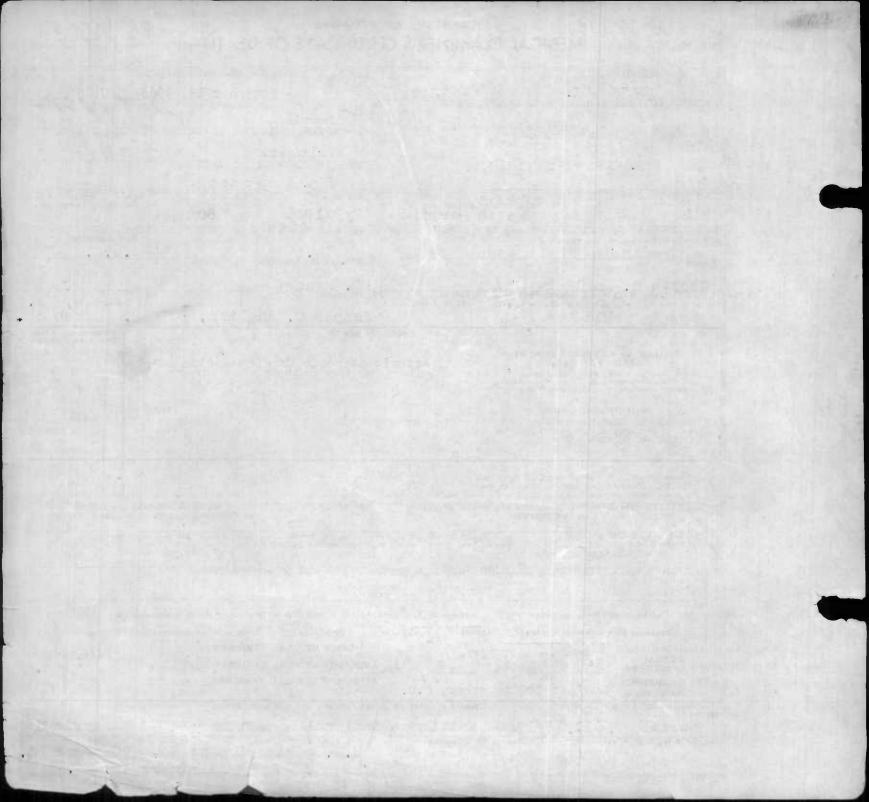
2SC. FUNERAL DIRECTOR Burial 11-16-66 Prospect 258. NAME H.W. Jenkins VS 150-REV. 1/1/65

24C. NAME of CEMETERY of CREMATORY



V\$ 151-REV. 1/1/65

	66	11502		ALTIMORE CITY HEAL	TH DEPARTMENT			ee.	11500
BIRT	H NO.		ICAL EX	AMINER'S CI	ERTIFICATE	OF DI	FATH Register	ed No	11502
	CASE NO.	,,,,,		, tivili veik o Ci		01 01	-/ () ()		
1. P	AME OF DEC	EASED	-		2.	DATE AND	HOUR PRONOUNCE	D DEAD	
, 'y		LLIE I.		ENGLISH		Nove	mber 12, 19	966	9:25 Am.
3. P	LACE IN BALTI	MORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE	CE (Where de	ceosed lived. If instit	ution: resid	lence before odmission)
FUL	LNAMEOF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Maryl				
HO:	PITAL OR	ADDRESS OR LOCA	ATION)				corporate limits, write	RURAL on	d give township)
	5 N	N. Exeter St	root		Balti D. STREET ADDRESS			2-	01
1	000	. Execel St.	reer						
5. S	FX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	Execer	Street 9. AGE (In years	I Under	1 Yr, If Under 24 Hrs.
	ale	White	WIDO WED, I	OIVORCED (specily)	7/3/190	6	lost hirthdoy	Months	Doys Hours Min.
				r Married BUSINESS OR INDUSTRY	1,707			12. CITIZE	TN OF
		orking life, even if retired)		BUSINESS OK HADOSIKI		ie or ioreign	country	WHA	T COUNTRY?
13. F	Seam ATHERS NAM	an	Sea		Va.	EN NAME		U 6	S.A.
15. V	ieorge	M. English	FORCES?	16. SO CIAL	J. Mano	r		ADDRESS	
	, no or unknown)	(If yes, give wor or dote		SECURITY NO.		The at	1 2 - 1 - 7 - 07	RO	anoke, Va.
-	Yes	MMII		TWI STORY		. Eng.	rish, ru	A L.	Church St.
	1B. 422	1		CAUSE	OF DEATH				ONSET AND DEATH
	DISEAS	E OR CONDITION DE		Arteri	osclerotic	Cardio	vaccular Di	50250	
	(This does no			DUE TO	OBCICIOCIC	Cararo	vasculai Di	sease	
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)								
	ANTECENDENT CAUSES								
	DISEASES C	R CONDITIONS, IF	NY, GIVING	DUE TO					000×0000000000000000000000000000000000
		G CONDITION LAST.	IAING INE						
NO.				(C)					
I ¥	OTHER SIGN	II IFICANT CONDITIONS	CONTRIBUTION	IG				44.71	
은	TO THE I	DEATH BUT NOT RE	LATED TO TI						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
CERTIFICATION		OPERATION 198. CON	IDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Y		B. IF YES, WERE FIN		
O	0	WAS PER	FORMED		N	O IN	CERTIFYING CAUS	ES OF DE	ATH?
₹ S	2TA, EXTERNAL UNDERLYING	CAUSE WAS	21 B. I	form, foctory, street,	in or obout 21C. WHE	RE DID (If	in Boltimore City, giv	e exoct lo	cotion)
ED	UTING CAUS	E OF DEATH.	etc.l						
	21D TIME OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 2	E. INJURY OCCURRED	21F. HOW	DID INJURY	OCCUR?		
	(APPROX.)			HILE AT NOT	WHILE				
	22.								
		fy that I held an		Inspection X Aut			basis, death In m		
	result	ed fram: Natural ca	uses 🔼 A	ccident Suicide			determined manne	r []	
	ACTUAL	1015	78 8tw	7.1	CHIEF MED				DATE SIGNED
	SIGNATU	. 11	4	M.D.	ASSISTANT MED				
	EXAMINI NAME (T		Breiten	ecker, M.D.	ASSOCIATE MED	ICAL EXA	MINEK		11/13/66
	BURIAL CREN	AATION, 238 DATE	236	C. NAME of CEMETERY .	CREMATORY	23D. LOC	CATION (City,	town, or c	
KEA	Burial	11/17	/1966	Baltimore	National	Bal	timore		Maryland
24A		BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL	DIRECTOR		, A	DDRESS
	N	N 1 5 1966	(Buy	E. Jackey Mil	H.W.Jen	kins d			05 York Rd.
	11,		1				Baltimo	re 1	2, Md.



deceased prior to death); and (6) No physician was in regular attendance on the deceased prowritten approval must be obtained before the remains are embalmed or final disposition is made.

was D.O.A. at a hospital (except where the physician who pronounced

Such

death.

prior to

was in regular attendance on the

death

a hospital and

occurred in

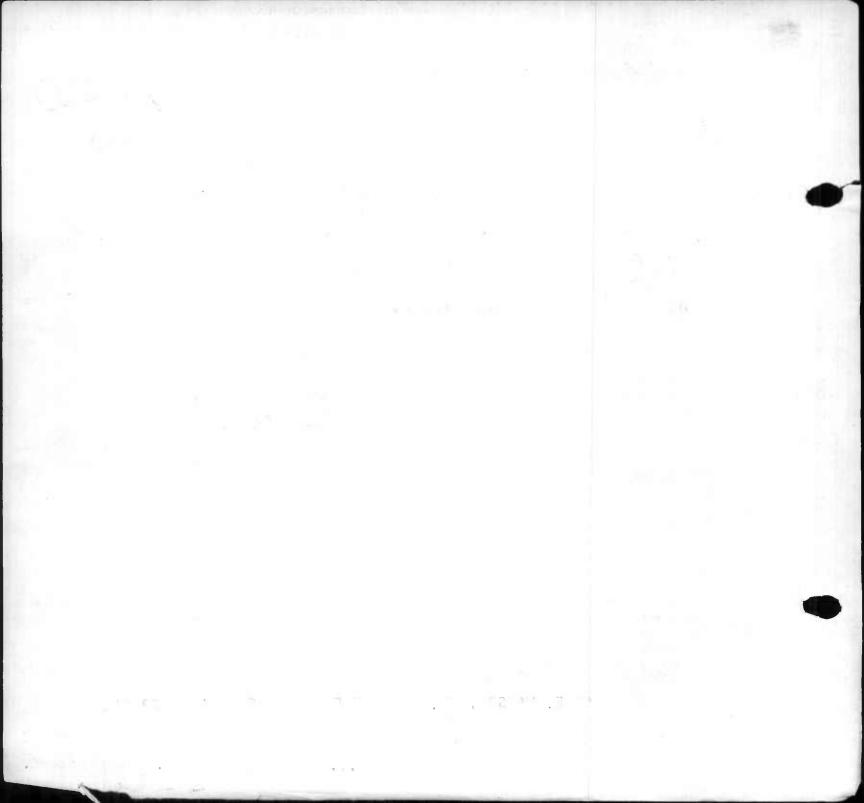
BALTIMORE CITY HEALTH DEPARTMENT		00.4
CERTIFICATE OF DEATH	Registered No.	66 1

	BALTIMORE CI	TY HEALTH DEPARTMENT		CC 14500
	H NO. 66 11503 CERTIFICA	ATE OF DEATH	Registered No	. 60 11303
1. N	AME OF DECEASED	2. DATE AN	D HOUR OF DEAT	Н
17%	or Prior Radovick Wise Crottion	nou	15 191	6 112:40 A.M.
8. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Wher	e deceosed lived. If	institution residence before admission)
		A. STATE B. COUN	17	13 031
	ULL NAME OF (If not in hospital or institution, give street oddress or location)	C. CITY OR TOWN (If out	atala ata limitata	e RURAL and give township)
1. 7	VSTITUTION	R-14	side city limits, with	e KOKAL ond give township)
1	1 Manuela //acaita/	D. STREET ADDRESS (IF	rurol, give Jocotion)	
41	nion Memorial Hospital	2100 54 1) // <	4
F 6	TA A A DOLLA A A A A DOLLA A DOLLA A DOLLA A A DOLLA A A DOLLA A DOL	3/00 21, 12	741 27	
5. \$	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9. AGE (In years lost birthdeet)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
/	Male aucasian Married	4/17/82	04	
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTING during most of working life, even if retired)	RY 11 BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT, COUNTRY?
/	n total	med		115A
13.	FATHERS NAME	14. MOTHER'S MAIDEN NAM	ME	01.911.
1	To be F. C. House	Ido Fish		
15	John Geller		2/	
(Yes	Nas Deceased From in U. S. Armed Forces? In or unknown (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	11	ADDRESS
	NO 213-38-6331	7 Mrs. Edno	K. G	etter Same
	18. 0 6 0 X CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	1 ()	- 1 1	ONSET AND DEATH
	LEADING TO DEATH	uncordial 1	nlowiti	m 17h
	(This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,		7	
	injury or complication which coused deoth.)	3 - 0 1 / 0		
	ANTECEDENT CAUSES (B)	JCVD		
	DISEASES OR CONDITIONS, if ony, giving	2// 1/	2 1/1	
	rise to the above couse (A) stating the (C)	laperes //	ellitus	
	UNDERLYING CONDITION Iosi.			
7				
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
ATI	DISEASE OR CONDITION CAUSING IT.			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No	IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
ERT		110		
C	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Boltim	tore City, give exact location)
CAL	DEATH (notify medical examined) etc.)			
	21D. TIME (Month) (Doy) (Year) (Hourl 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJ	URY OCCUR?	
Σ	(APPROX.) While At Work At Wo			
				11/100
	22. I certify that (+) (this haspital) attended the deceased fram		1966 to	11-/12-1966
	that (I) (we) last saw the deceased alive an 11/15		at in (my) (our), o	pinian death accurred an the date
	and haur and fram the causes stated above. (1) (Wo) (did) (did not)	view the bady after deoth.		
	23A, SIGNATURE			23B, DATE SIGNED
	Wat & Watson la M.D. A	hys. Med. Director	Staff Phys.	11/15/66
	23C. PHYSICIAN'S	23D. ADDRESS		11/10/40
	NAT E. WATSON, JR. M.	D. THE HALLON MI	EMODIAL	IOCD LTAI
244	BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY of C	THE ONTON M		HOSPITAL
1	REMOVAL (Specify)			(City, town, or county) (Stote)
B	urial 11/17/66 Loudon Park	Bal	timore	Maryland
25A	. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS

VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR

Sons Co. 4905 York Rd...



66 11504 BALTIMORE CITY HEAL BIRTH NO. YEW YORK MEDICAL EXAMINER'S CE	TH DEPARTMENT 66 11504 ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	EKTITICATE OF BEATTING.
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
Mary S. Borriewa Brukiewa 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	11/13/66 2:05 p.m. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY
S. FLACE IN BALLINORS, MARIEAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTE PRIFICATE AMENDE	C. CITY OR TOWN (If outside corporote limits, write RURAL on give township) Baltimore
3-11-21-66	D. STREET ADDRESS (If rurol, give location)
Church Home and Hospital 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	2807 Fait Ave. B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs
female white WIDOWED, DIVORCED(specify)	Manths, Days, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	NEW YORK WHAT, COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MELVIN BRUKIEWA	MARY KIM
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war ar dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
No	MELVIN BRUKIEWAZ807 FAIT AVE
CAUSE CAUSE	OF DEATH / INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	al injury and subdural hematoma,
	mplicated by atelectasis and
Dr	onchopneumonia
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	yes yes peath?
✓ 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in both processing to be processed in the processed in th	n or obaut 21C. WHERE DID (If in Boltimore City, give exact location) ffice bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	
OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.) 11 11 66 5:30p. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	while pedestrian struck by car
I certify that I held an Inquiry Inspection Aut	opsy x ond that an this basis, death in my apinion
resulted fram: Notural couses Accident Suicide	
ACTUAL MAN OF THE	CHIEF MEDICAL EXAMINER DATE SIGNED
	ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER 11/14/66
NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 11/14/66
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 23D. LOCATION (City, town, ar county) (State)
BURIAL 11-16-1966 HOLY ROSA	RY BALTO MD.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
NUV I D 1300 16 San C. Tolken Mil	PPHRM, WEBER + SONS INC, 4018, CHESTER ST.
VS 151-REV. 1/1/65	

11/21/66 - Surname corrected from Borkiewa to BRUKIEWA. Form from Funeral Director.

ALEXANDER OF THE PROPERTY OF THE PARTY OF TH

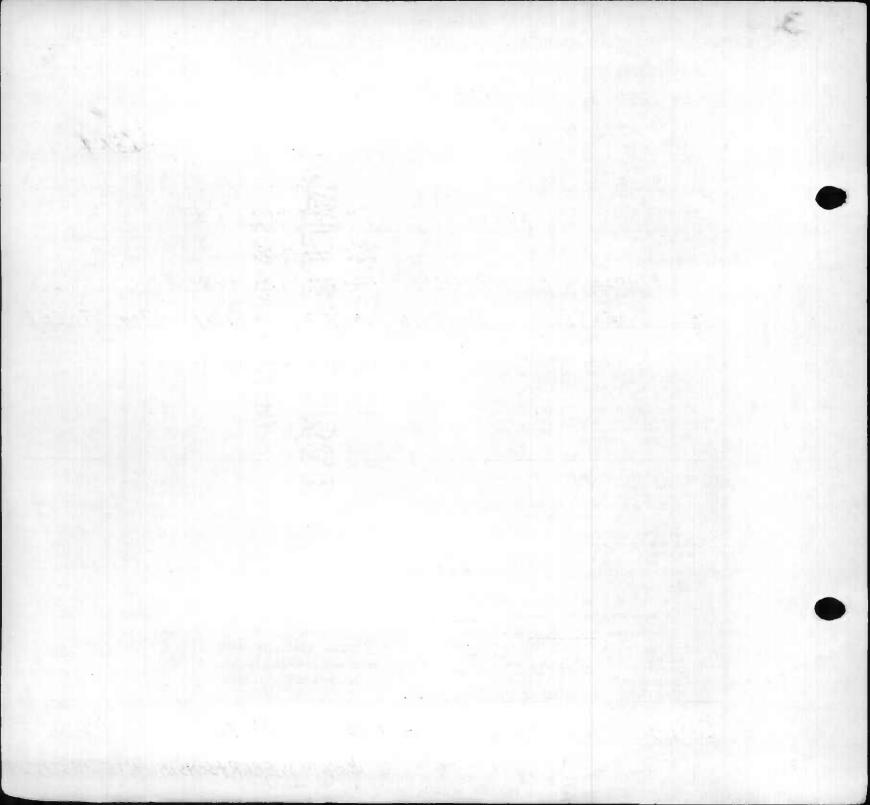
Age

и		
П	BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 11505

M.E. CASE N	10.					
1. NAME OF				2. DATE AND	HOUR PRONOUNCE	ED DEAD
trype of this		ames S. Kozieracki	UR.		11/15	5/66
3. PLACE IN		HERE PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where de	eceosed lived. If insti	itution: residence before admission)
			A. STATE Ma	ryland	B. COU	INIT
FULL NAME HOSPITAL OR	OF (IF NOT IN HOSPIT	(AL OR INSTITUTION, GIVE STREET ATION)			corporate limits, write	RURAL and give township)
NOITUTITZNI			Ra	ltimore		2-03
			D. STREET ADDR		rive leastion)	7 00
75	Church Home an	d Hospital				
C CPV				310 S. B		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	in	9. AGE (In years lost birthday)	Months, Doys, Hours, Min.
male	white	SINGLE	1-78	-1913	53	
		rk 10B. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE	State or foreign	country)	12. CITIZEN OF
done during mo	st of working life, even if relired)		MARY	IAND		WHAT COUNTRY?
3. FATHER'S	NAME		14. MOTHER'S M	AIDEN NAME		UOA
	CTANLEY	VATIFBACKI	HEIEN	(WI	AMANIE	-1/
15	SIMILE	NOLIENTY	1164611	UNA	MUMME	· /
15. WAS DEC (Yes, no or unki		D FORCES? 16. SOCIAL SECURITY NO.	17. INFORM ANT			ADDRESS
YES	WWTT	220-05-1141	VINCENTK	ATIE DA	ex, 6195	47-4 STREET
1B.	001		SE OF DEATH	OF IT-I AIC	11/01/01	INTERVAL BETWEEN
7 0	X = 1 1 1					ONSET AND DEATH
DI	SEASE OR CONDITION D	IRECTLY	1			
(This d	oes not mean the mode o	dying, e.g., DUE TO	LoseTerotic	cardio	vascular di	_sease
heort fo	pilure, osthenio, etc. It mean or complication which coused	s the disease,				
,,	on compression which cooses	de one.				
	ANTECEDENT CAUSES					
DISEA	SES OR CONDITIONS, IF	ANY, GIVING DUE TO				
	D THE ABOVE CAUSE (A) S RLYING CONDITION LAST.					
		(C)				
9	li					
OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING				
	HE DEATH BUT NOT RE					
19A. DAT		NDITION FOR WHICH OPERATION	20A. AUTOPSY	Yes or No. 2	OR. IF YES WERE FIR	NDINGS CONSIDERED
5		RFORMED		11	N CERTIFYING CAUS	
	2AW 32IIAO IAMO	OLD BLACE OF INTURY	nc		The same of the sa	
O UNDERLY	RNAL CAUSE WAS	21B. PLACE OF INJURY (e.g., home, form, factory, street,	office bldg., INJURY	OCCUR?	in Boltimore City, gi	ve exoct locotion)
O DING	CAUSE OF DEATH.	etc.)				
E 21D TIM	E (Month) (Doy) (Yes	or) (Hour) 21E. INJURY OCCURRED	21F. H.C	OW DID INJUR	Y OCCUR?	
OF INJUR	tY.					
		m. WHILE AT NOT	WHILE WORK			
22.	certify that I held an	Inquiry Inspection X Au	utopsy ond	l about on abita	beste does to a	
					basis, death in m	
r	resulted from: Notural causes X Accident Suicide Homicide Undetermined monner					er
	1.00.	16/	CHIEF ME	EDICAL EXA	MINER	DATE SIGNED
	TUAL MUSIN	34,75/(-	D. ASSISTANT ME	EDICAL EXA	MINER	DATE SIGNED
	NATURE /	M.I				11/15/66
	MINER'S ME (Type) Wer	ner U. Spitz, M.D.	ASSOCIATE M	EDICAL EXA	MINER	
	CREMATION, 23B. DATE	23C. NAME of CEMETERY	or CREMATORY	23D. LO	CATION (City	, town, or county) (State)
REMOVAL (S		1 1 11		-02. 20	101177	6.4.
BURL	AL 11-19	-66 HOLY ROSAR	YCEM	BA	LTO	190.
24A. DATE RI	EC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNERA	AL DIRECTOR	16	ADDRESS
	MOU # 0 1000	O. O. S. E. Farkey MA				
	NOV 16 1966,	Robert E. Jankey M.A.	JOHN I	1-WFRI	ER+SONS 11	NC 4015 CHESTER
VS 151-REV.	1/1/65		5 1 5	The state of the s	111-41411	1 1 1 1 1 1 1 1 1 1



00 11500	BALTIMORE CITY	HEALTH DEPARTMENT		00 44500			
BIRTH NO. 66 11506	CERTIFICA	TE OF DEATH	Registered Na.	66 11506			
M.E. CASE NO.							
(Type or Print)		2. DATE ANI	HOUR OF DEATH				
MARIE SCOIL		11/14	166 6:5				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitot or institution, give street oddress or location) INSTITUTION			titution: residence before admission)			
HOSPITAL OR oddress or location)				JRAL and give township)			
2 3 JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If it		3-01				
BALTIMORE, MD. 5. SEX 6. RACE 7. MARRIED, N	NEVER MARRIED	1206 McELDI					
E FEMALE NEGROID WIDOWEPT	DIVORCED (specify)	1-9-93	ost blythdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,			
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired) 13. FATHERS NAME JOHN THOMAS	BUSINESS OR INDUSTRY	Maryland	in country)	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	\E				
JOHN THOMAS		ELOZABETH F					
Illo, Anda Decedaed Ever in O. 3. Withed Loices:	6. SOCIAL	17. INFORMANT		ADDRESS			
(Yes, no or unknown) (If yes, give wor or dotes of service)	31001111101	Edward Oliv	er 2702	- Virginia Ave			
1B. 421.41	CAUSE O	F DEATH		INTERVAL BETWEEN			
DISEASE OF COMPITION PIRECELY				ONSET AND DEATH			
LEADING TO DEATH	0						
E (This does not mean the mode of dying, e.g.,	(A) CA	DIAC ARREST					
LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	00110						
injury or complication which coused death.)							
ANTECEDENT CAUSES	(B) CHRO	NIC CARDIAC	FALLUKE				
	DUE TO						
DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stoting the	rise to the obove couse (A) stoting the (C) VALVULAR HEART DISEASE						
	(6) [13]	(V . bes f to 1	K. KAGAA				
UNDERLYING CONDITION lost.							
E Z CANADIDA NA CANADIDA C							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
di disease on condition cadsino II.							
S 194. DATE OF OPERATION 198. CONDITION FOR W	HICH OPERATION	NO	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?			
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home etc.)	LACE OF INJURY (e.g., i , form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)			
	INJURY OCCURRED	21F. HOW DID INJU	INV OCCUPA				
OF INJURY			JRT OCCOR:				
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, I OF INJURY (APPROX.)	e At Not While						
_		1	. //	1111			
22. I certify that (I) (this haspital) attended the	deceased from	1/2-1	9 66 ta 11	114 19			
that (I) (we) last saw the deceased alive an	11/14	19.66 and the	it in(my) (our) apin	ion death accurred an the date			
	(We) (did) (did not)	iew the hady after death.					
and haur and from the causes stated above. (1) 23A. SIGNATURE	(me) (did fidi)	The bady differ decima		23B. DATE SIGNED			
E 23A. SIGNATORE		F		23B, DATE SIGNED			
	M.D. Atte	ending Med. Director	Stoff Phys.	11/14			
23C. PHYSICIAN'S		23 D. ADDRESS	1				
23C. PHYSICIAN'S NAME (Type) LENGTH L. BRIGHAN 24A. BURIAL CREMATION, [24B. DATE 24C. NAI	M.D.	BHNS HOPKINS	HOSPITAL				
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY of CR		CATION (City	, town, or county) (State)			
	L. Auburn	73	alto, Md.	, town, or county) (State)			
SUPID			011011101	ADD-111			
730712/ 11/18/66 M7 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	S Fa Ountain	25C. FUNERAL DIRECTOR	mel an	OF Nouth AV			

North Ave 928E. VS 150-REV. 1/1/65

Y

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Y = 3 L E = Y

- - - C as I sell son a li

66 11507

BIRTH NO.

M.E. CASE NO.

Such on the 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH institution; residence limits, write RURAL LINWOOD If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that In (my) (our) opinion death accurred on the date 23B. DATE SIGNED approval was D.O.A. deceased written ap 24A. BURIAL CREMATION, REMOVAL (Specify) of CEMETERY OF CREMATORY the body shows: 25C. FUNERAL DIRECTO 25B. NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

66 11507

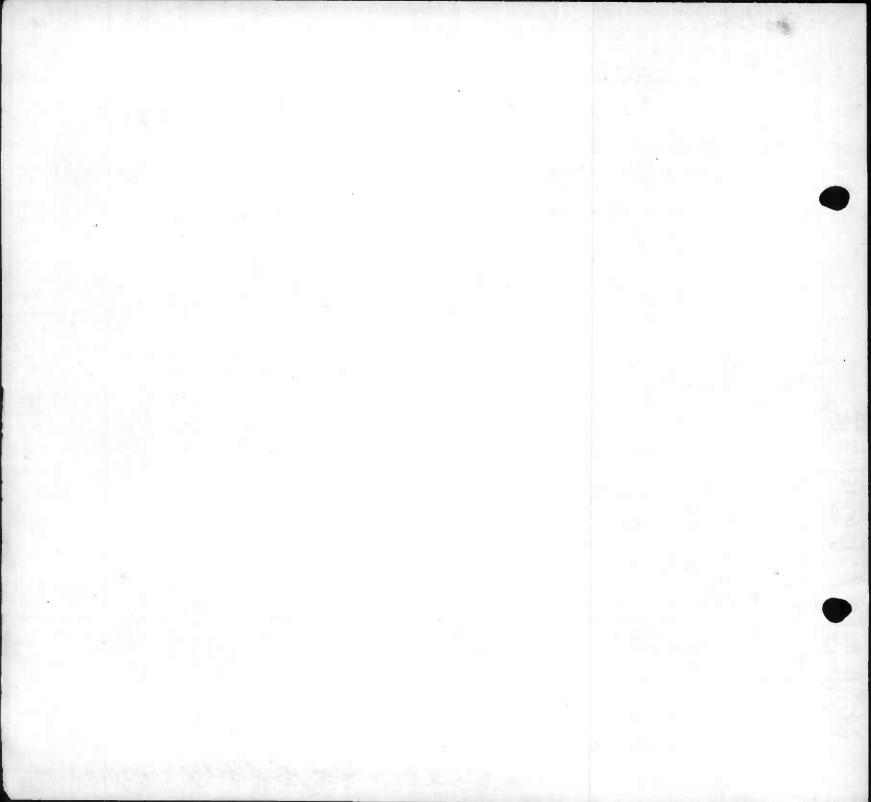
Registered No.



BALTIMORE CITY HEALTH DEPARTMENT

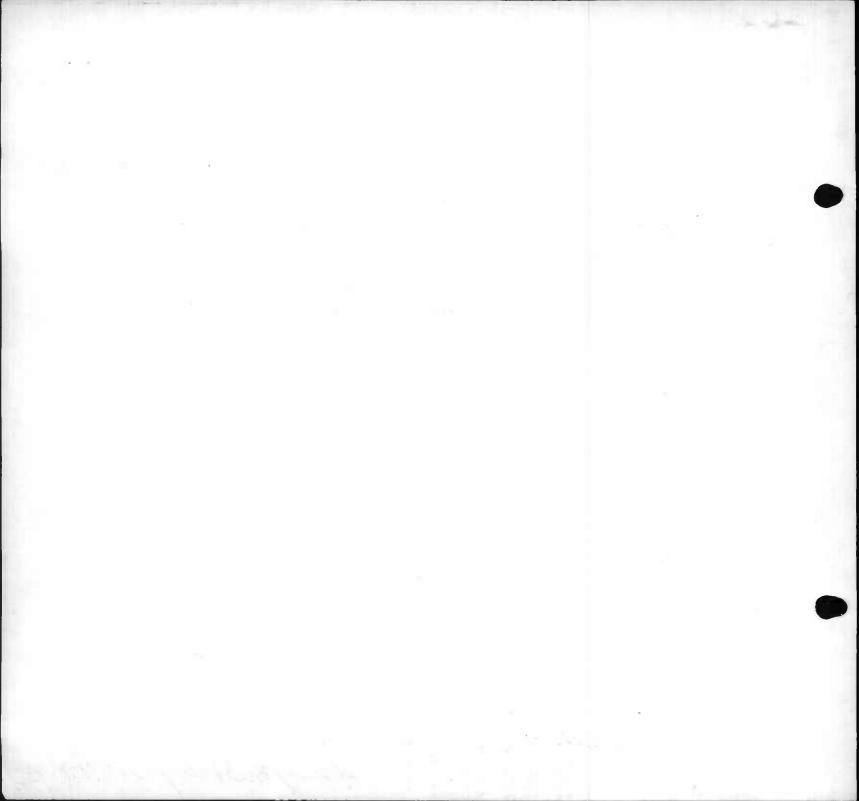
160 may - 1 may - 1 Hartherd, Game 1841 8 200 0 Harriston Balking from Francis the 17 11/1/16 Front - 1 - 1

	00 44500	BALTIMORE CITY	HEALTH DEPARTMENT		66 11509
1	иктн NO. 66 11509	CERTIFICA	TE OF DEATH	Registered No.	00 11000
	M.E. CASE NO. I. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	45
	Typo or Printle Freeman Mary	Cooper	Nov.	13, 1966	7 A M.
1	PLACE OF QEATH IN BALTIMORE, MARYLAND	1	4. USUAL RESIDENCE (Whore A. STATE B. COUNT	docoosod livod. If insti Y	tution: residenco before admission)
	FULL NAME OF (If not in hospital or institution, give	street	maryland		
	INSTITUTION		C. CITY OR TOWN (II outs	ido city limits, write R	KAL and give township)
	3/5		D. STREET ADDRESS (II ru	ural, give location)	
	Frank in Square	Hospital	263 N. Ca	vey St.	3rd Floor
1	5. SEX 6. RACE WIDOWED, DE	VER MARRIED IVORCED (specify)			If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	T C Win	lowed	10-5-189/	75	In Court of
	10A, USÚAL OCCUPATION (Give kind of work 108, KIND ÓF BÚ! done during most of working life, even if relired)	SINESS OR INDUSTRY	11. BIRTHPLACE (State or loreig	-	12. CITIZEN OF WHAT COUNTRY?
	Housewife		Virginia 14. MOTHERS MAIDEN NAM	15	U.S.A.
	13. FATHER'S NAME		in Morrey Maidell Ham	1	
	15. Was Deceased Ever in/U. S. Armed Forces? 16.	SOCIAL	17. INFORMANT	in	ADDRESS
	(Yes, no or unknown) (If yes/give wor or dotes of service)	SECURITY NO.	a Hillstill	chart	
	18.	220 24 236 CAUSE O	E DEATH	Chair.	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	0,1000		/	ONSET AND DEATH
	LEADING TO DEATH	(A) 1	nassive asy	riration 6,	16 mins.
	(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUE TO 7	gardre K	mtentera	
	injury or complication which caused death.) ANTECEDENT CAUSES	(B)	Broncheme	umppla	ML. ZWKe
	DISEASES OR CONDITIONS, if ony, giving	DUE TO		1 4	75-1 11
	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(C) CE	refral int	acci, yel	cens owks
	II.		Ct. frenti	ophone.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			/	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLA	CH OPERATION	20A. AUTOPSY? (Yos or No)	208. IF YES WERE FIL	NDINGS CONSIDERED
	WAS PERFORMED	CH OTERATION	20 A. AUTOPSY? (Yos or No)	IN CERTIFYING CAU	SES OF DEATH?
	OR CONTRIBUTING CALLES OF	ACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Baltimore	City, give exact locovan)
	DEATH (notify modical examiner)	om, reciety, arrest o			
	OF INJURY (Month) (Doy) (Year) (Hour) 21E, IN.	JURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
	(APPROX.) While Work	At Work	•	. 1	
	22. I certify that (1) (this hospital) ottended the c				OU. 13 19.60
	that (I) we last sow the deceased alive on			of in (my) (our) opini	an deoth occurred on the date
	ond hour and from the causes stoted above. (I)	(did) (did not)	view the bady ofter death.		238. DATE SIGNED
	23A. SIGNATURE	M.D. Att	ending Med.	e. u. 1-/	Al. 17 1811
	23C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phys. D	NOV. 13, 1700
	NAME (Type) Ki Byan Le	€ M.D.	Frank	In Squal	re Hospital
	24A. BURIAL CREMATION, 24B. DATE 24C. NAMI	E of CEMETERY OF CR	EMATORY 24D. LO	1	, town, or county) (State)
	Qurial 11/16/1/17 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF F	REGISTRAR	1250 FUNERAL DIRECTOR	etemase	ADDRESS
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF B	LOISTRAK	THE DIRECTOR	W/ 1000	an ah



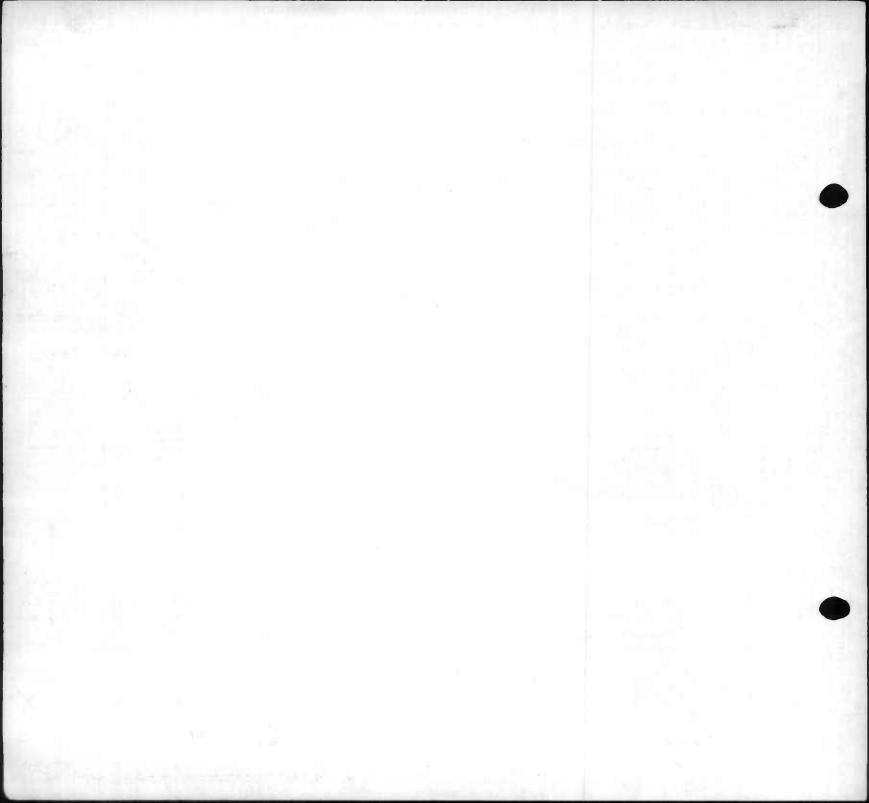
VS 150-REV. 1/1/65

3	2 66 11510		HEALTH DEPARTMENT TE OF DEATH Register	ered No. 66 11510			
1, (T	NAME OF DECEASED PAUL HODGES		7e5) 2. DATE AND HOUR O	-1966 3.万 0#)	1 M.		
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institut	ion, give street	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY				
	HOSPITAL OR address or tocotion) Output Description		BALTIMORE, +17	mits, write RURAL and give township)	1		
4	OOHNSHOPKINSHOSPITA	NED, NEVER MARRIED	9. STREET ADDRESS (IF rurol, give to 915 MCKEAN AVE.	,	и		
		MARRIED (specify)	4-14-1916 lost birthdoy	y) Months Days Hours Mi			
di	ane during most of working lite, even if retired)	D OF BUSINESS OR INDUSTRE	North Cara	lina 12. CITIZEN OF WHAT COUNTRY?			
	PAUL HODGES		ROSA DUNLEY				
(Y	5, Wos Deceosed Ever in U. S. Armed Forces? es, no ar unknawn) (If yes, give war ar dates af servi	16. SOCIAL SECURITY NO. 239-16-8736	Mary Hada	es Same			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH			
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. II means the disease, injury or complication which caused death.)						
	DISEASES OR CONDITIONS, if ony, giving						
	UNDERLYING CONDITION lost.	the (C)					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE					
	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	NO	IFYING CAUSES OF DEATH?			
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, all etc.)	fice bldg., INJURY OCCUR?	in Baltimore City, give exact lacotion)			
3 L	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	While At Nat While Wark At Wark		18?			
	22. I certify that (I) (this haspital) attended the deceased fram 10/27/66 19 ta 11/14/68 19 that (I) (we) last sow the deceased alive on 11/14/66 19 and that in(my) (our) apinian death occurred on the date						
	ond hour and from the causes stated abov			23B, DATE SIGNED			
	23C. PHYSICIAN'S Seyent,	Phy	And Med. Staff Staff Phys. 23D. ADDRESS	11/14/66			
2	DR. JOHN SERGENT	M.D.	THH 24D, LOCATION	(City, town, ar caunty) (Stat	ite)		
2:	Removal 11/10/66 (VE OF REGISTRAS	25C. FUNERAL DIRECTOR	on T.C.	,		
2:				De ADDRESS	16.		



	rust be approved by the chief medical examiner or his assistant if death	leased to the hospital by a medical examiner. Also, if the direct or	ident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Under	hospital (except where the physician who pronounced death was in	o death); and (6) No physician was in regular attendance on the dec	0 - 0
	if d	ect	4) U	NO.	the	
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FUNERAL DIRECTOR: IMPORTANT	ami	min	fra	ho	egu	
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1 -11		HEALTH DEPARTMENT	00 44 14		
D C D C	ERTIFICA CERTIFICA	TE OF DEATH Registered No	66 11511		
at at	M.E. CASE NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH			
de de cea	(Type of Print) CORSALINI, ERMETE	11/10/966	1.35 P. M.		
sspita e of 5) Dec nce o eath.	3. PLACE OF DEATH IN BALTIMORE, MARYEAND	4. USUAL RESIDENCE (Where deceased lived, If institu	tion: residence before admission)		
se o se o (5) D ance deat	FULL NAME OF (If not in hospital or institution, give street	MARYLAND			
	HOSPITAL OR oddiess of locotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RUR	At and give township)		
	NORTH CHARLES GENERAL HOSPITAL	D. STREET ADDRESS (If ruiol, give location)			
TO	49	142 S. BOULDIN St.			
- 300 B	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs.			
or contributed of con	M MARRIED	10/6/890 76			
co co ete	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)		2. CITIZEN OF WHAT COUNTRY?		
deat Undudas in	Retired	ITALY	ITALY		
irect or c i(4) Undet h was in n the dec	13. FATHER'S NAME	14. MOTHERS MAIDEN NAME MARCONI, EZZÍBIR	V A		
dire dire di, (4 ath on t	CORSALINI, JOHN				
5 5 5 0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wol of dates of service) SECURITY NO.	17. INFORMANT	ADDRESS		
S +	213-07-5574		Š.		
8 4 2 0 0 L	18. 4 4 3 X I	F DEATH	INTERVAL BETWEEN ONSET AND DEATH		
E 0 4 E 0 B	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CEREBRAL HEMDRRHAGE	10 Hours		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Octob Strip Control Chinac			
acturacturactur	The second secon	lybertensive ASCVD	5 V 24.45		
E = T o D o	DUE TO	Therreasing his con	5 Years		
Xam Xam y A wh wh	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the (C)	The state of the s			
alexellex (3) an an ns a	UNDERLYING CONDITION lost.				
edical dical nrns; rsicia was main	Z CTUSE CONTRIBUTIONS CONTRIBUTIONS				
re la h	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
		20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED		
		NO			
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ORDORDATE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	n or obout 21 C. WHERE DID (If in Boltimore Ci ffice bldg., INJURY OCCUR?	ty, give exoct locotion)		
7. 5 5 X Y	O				
the hosp my nature except and (6)	₩ OF INJURY While At □ Not While	21 F. HOW DID INJURY OCCUR?			
he h he h ny ng xcel and	Work At Work		10 1966		
2 - B	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on Mills (I)	1			
of a	ond haur and from the couses stated above (1) (We) (did) (did not)		n death occurred on the date		
assed to dent of ospital death) must be	23A, SIGNATURE		B. DATE SIGNED		
3 0.5 5 0	Dennamin the lighten A.D. Att	ending Med. Staff Phys	1/10/61		
9 d d d d d d d d d d d d d d d d d d d		23D. ADDRESS	171900		
ificate my was rel 1) An acc 1.A. at a l d prior to	DR. B. HILHSTEIN M.D.	12/ S. HILHLARD HE	Banta Med.		
certific body w vs: (1) A D.O.A. ased p	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, 1	lown, or county) (Stote)		
bod bod ws: (D.C bease	Burial 11/14/66 Gardens of	faith Balto. Md.			
This certification of the body shows: (1) was D.O. deceased written a	2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS		
u > 0 >	NOV 16 1964 000 9-8 49.0241	13 Woskyle Marread 21	63 J. Galley 7		
	VS 150-REV. 1/1/65		0		



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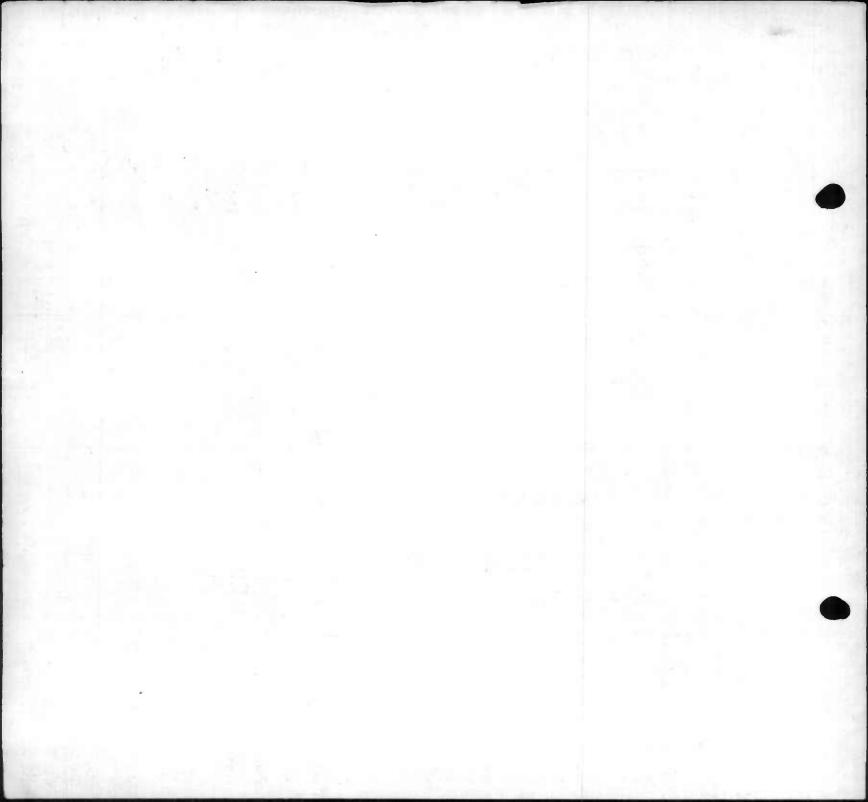
This certificate must

+	3	pus i	7	3
f death	any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	except where the physician who pronounced death was in regular attendance on the	and (6) No physician was in regular attendance on the deceased prior to death. Such	
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/ds re	An ac	ata	rior 1	prova
w ybc	shows: (1) An accident of a	3.0.A.	eceased prior to death);	written approval must be
the body was released to	shows	was D.O.A. at a hospital	decea	writte

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. ERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) (Type or Print)

LORA

3. PLACE OF DEATH IN BALTIMORE, MARYLAND NOV 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) GEN HOSPITAL (If rurol, give location) BALTO, mel. SOUTH 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours lost birthdoy WIDOWED, DIVORCED (specify) 10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country done during most of working lile, even if retired) USA 13. FATHER'S NAME 4. MOTHERS MAIDEN NAME BASCOM 5. Was Deceased Ever in U. S. Armed Farces 6. SOCIAL 7. INFORMANT (Yes, no or unknown) (II yes, give wor or doles of service) SECURITY NO. 217-20-9830 NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused deoth,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoting the UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. CERTIFIC, 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, lorm, loctory, street, office bidg., INJURY OCCUR? DEATH (notily medical examiner) MEDIC 21 D. TIME (Month) (Dov) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 22, I certify that (1) (this hospital) attended the deceased fram. that (I) (we) last saw the deceased alive on. and hour and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. HOSPITAL 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) Gardens 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A, DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65



248 NAME OF REGISTRAR

24A, DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

24C FUNERAL PIRECTOR

ADDRESS

	00 4454	BALTIMORE CITY	HEALTH DEPARTMENT		66 11514		
,	H NO. 35784	CERTIFICA	TE OF DEATH	Registered Na.	4		
1.N (Typ	AME OF DECEASED or Print) MC INTOSK	Edward	10	NOVE 6	1/2 Np M.		
3. F	LACE OF DEATH IN BALTIMORE, MA	RYLAND	A. STATE B. COUNT	e deceosed lived. Il institu TY	ution: residence belore (dmission)		
1	OSPITAL OR oddress or locotion		C. CITY OR TOWN (If outs	side city limits, write RUR	AL and give township)		
7	he Dukeland N	ursing Home	D. STREET ADDRESS (III	harles ST			
1	501 N. DukelAnd.	57.	·Baltimo	e MARY	IlANd.		
5. S	ex 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specily)		ost birthdoy)	Under 1 Yr. II Under 24 Hrs. Onths Doys Hours Min.		
	USUAL OCCUPATION (Give kind of works during most of working life, even if refired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	2. CITIZEN OF WHAT COUNTRY?		
		UNKHOWN	UNKNOW		US		
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAM	ΛE			
	UNKNOWN		UNKNOWN.				
(Yes	Nos Deceosed Ever in U. S. Armed For no or unknown) (It yes, give wor or dote	es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
-	18. 4 2 2 1	CAUSE O	F DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DI	RECTLY	2.0.	5,10	ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the made of	dying, e.g., DUE TO	alwonany	Covolism	1212		
	heort foilure, asthenia, etc. It meons injury ar camplication which coused	death.)	NERRALAZED H	ntenioscel	110		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	DUE TO	264	1120	Muse		
	rise to the abave couse (A) UNDERLYING CONDITION lost.		VASCULAR ()	451182	00 4/03		
z	- 11	- D / D	0.		· ·		
ATION	OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE CONTE	- BRAIN SY.	NORTHE	6 4ns		
ERTIFIC	1994. DATE OF OPERATION 1998. CON WAS PER	FORMED OPERATION	20 A. AUTOPSY? West or No.	20B. IF YES, WERE FINI IN CERTIFYING CAUSE	S OF DEATH?		
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notity medical examinet)	21B. PLACE OF INJURY (e.g., i home, loim, foctory, street, o	n or obout 21 C. WHERE DID	(If in Baltimore Ci	ity, give exoct locotion)		
EDIC	21D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?			
ME	(APPROX.)	While At Not Work	Ne A	A			
	22. I certify that (I) (this hespite	1) attended the deceased fram 2	35887 1	6,6 10 10	NOV 1966		
	that (1) (we) last saw the deceased alive an 9 NOV 1960 and that in(my) four) opinion death accurred an the date						
	and bour and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.						
	Also Alla	ele M.D. Att	ending Med.	Stoll Phys.	B. DATE SIGNED		
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	///	0		
	+ MERSONE	WMPSN M.D.	7509 HAI	RISH HOE	BMTHd 2/1/6		
244	REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR	EMATORY 24D. LC	CATION (City,	town, or county) (Stole)		
25A	DATE REC'D, BY HEALTH, DEPT.	25B. NAME OF REGISTRAR	DSC. FUNERAL DIRECTOR	1.7. Coun	Ly MOV .		
	NOV 1 6 1966	Rolate salayna	1 Juston	me on	"Calle" 1+		

VS 150-REV. 1/1/65

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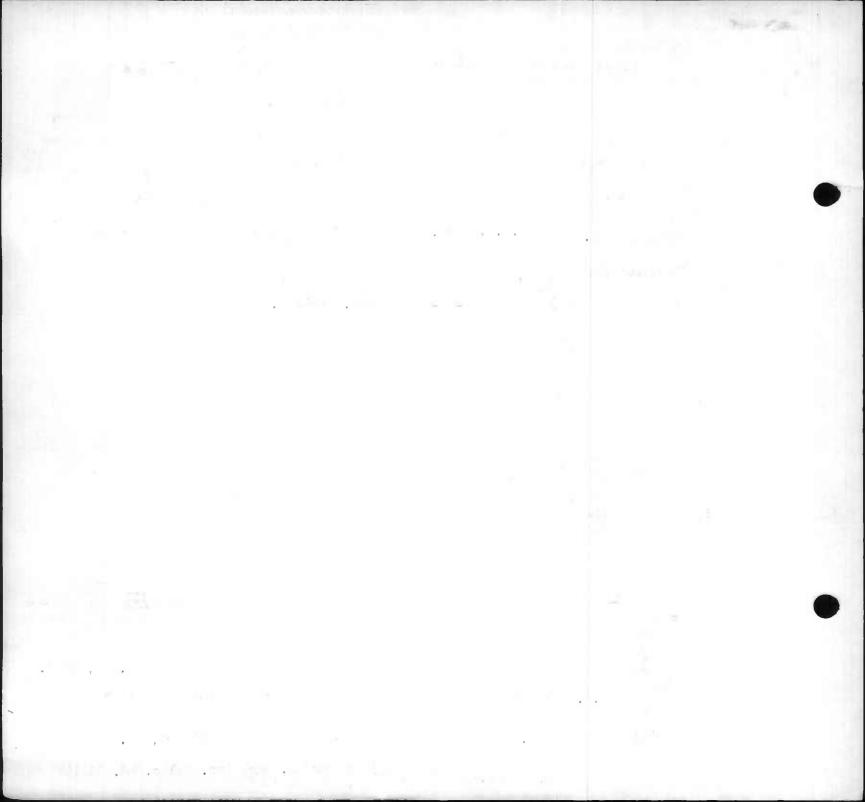
16 36 S. Charles ST.

State State of

M.	E CASE NO.								
1. NAME OF DECEASED (Type or Print)					2. DATE AND HOUR PRONOUNCED DEAD				
,	, , , , , , , , , ,	OSCAR		ROWLES		November 12, 19			
3. 1	ACEIN A	LTIMORE MARYLAND	WHERE PRONOU	HENDED	A. STATE	B, CC	stitution: rasidenca bafora odmissian) DUNTY		
FU	LL NAME OF	(IF NOT IN HOSPI			C. CITY OR TOW	/land /N (If outside corporate limits, wr	ita RUBAL and give township)		
INS	TITUTION	ADDRESS OR LOC	Z II ON	12-12-66			14-01		
	00	University H	lospital		Baltimore D. STREET ADDRESS (If jural, give locotan)				
1	0 0				850	W. Baltimore Str	eet		
5. 5	EX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In your	s If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Hours, Min.		
	Male	White			JANUARY				
10A	USUAL OC	CUPATION (Give kind of we	ork TOB, KIND OF	ORCED BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF		
dan	BARBI	f working life, even if retired)	SELF			U. S. A.		
13.	FATHER'S NA			JLLF	14. MOTHER'S MA	COUNTY, VA.	0. 5 A.		
	DIICCI	ELL ROWLES			DEATE	NOT STRICKLAND			
15.		SED EVER IN U.S. ARMI	ED FORCES?	16. SO CIAL	17. INFORMANT	RICE STRICKLAND	ADDRESS		
(Ye		vn) (If yes, give war or do	otes of service)	SECURITY NO.	1400	1450 14050000	L VALOUE ID O VA		
	NO			DK		MES ANDERSON	LYNCHBURG, VA.		
	18.	1/1		CAUSE	OF DEATH		ONSET AND DEATH		
	DISE	ASE OR CONDITION							
	(This doo	LEADING TO DEAT			Metamorpho	osis of Liver			
	(This daas not mean the made of dying, e.g., heart foliure, osthanic, alc. It means the diseasa, injury or camplication which caused daath.)								
	ANTECENDENT CAUSES								
	DISEASE	S OR CONDITIONS, IF		(B) DUE TO					
	RISE TO	THE ABOVE CAUSE (A)	STATING THE						
Z							***************************************		
은									
V	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE WATER A CONDITIONS								
TIFI	DISEASE OR CONDITION CAUSING IT. Methyl Alcohol Poisoning								
CERTIFICATION	19A. DATE	OF OPERATION 198, CO	ERFORMED	WHICH OPERATION	20A. AUTOPSY	? (Yos or No) 208, IF YES, WERE IN CERTIFYING CA			
1	Yes						Yes		
MEDICAL	UNDERLYIN	GOR CONTRIB-	hame	farm, foctory, street, o	office bldg., INJURY	OCCUR?	give exect tocalian		
0	UIING C	USE OF DEATH.	etc.)	Unknown		Unknown			
2	21D TIME	(Month) (Doy) (Ye	ear) (Haur) 2	1E. INJURY OCCURRED	21 F. HC	OW DID INJURY OCCUR?			
	(APPROX.)	Unknown	m. V	VHILE AT NOT	WHILE ORK	Unknown			
	22. I certify that I held an Inquiry Inspection Autopsy ond that on this basis, death in my opinion								
	rae	resulted from: Natural couses Accident Suicide Homicide Undetermined monner							
		17 /				EDICAL EXAMINER			
	ACTU	AL TURE	Merter	July M.D.	ASSISTANT MI	DATE SIGNED			
	FXAM	INER'S (Type) Rudiger	Rreiten			EDICAL EXAMINER	11/13/66		
	A. BURIAL C	REMATION, 238 DATE		C. NAME of CEMETERY	CREMATORY	23D. LOCATION (Ci	ity, town, or county) (State)		
	MOVAL (Spe	cify)				ME. APPOMATTOX COL			
24.		D BY HEALTH DEPT.		OF REGISTRAR					
		NOV 16 196	800	10 Z 0	WH	AL DIRECTOR FUNERAL HOM	ME, INC.		
		1104 70 19	9 6	JE n 3	LY	INCHBURG, VIRGINIA	4		
VS	151-REV. 1/	1/65							

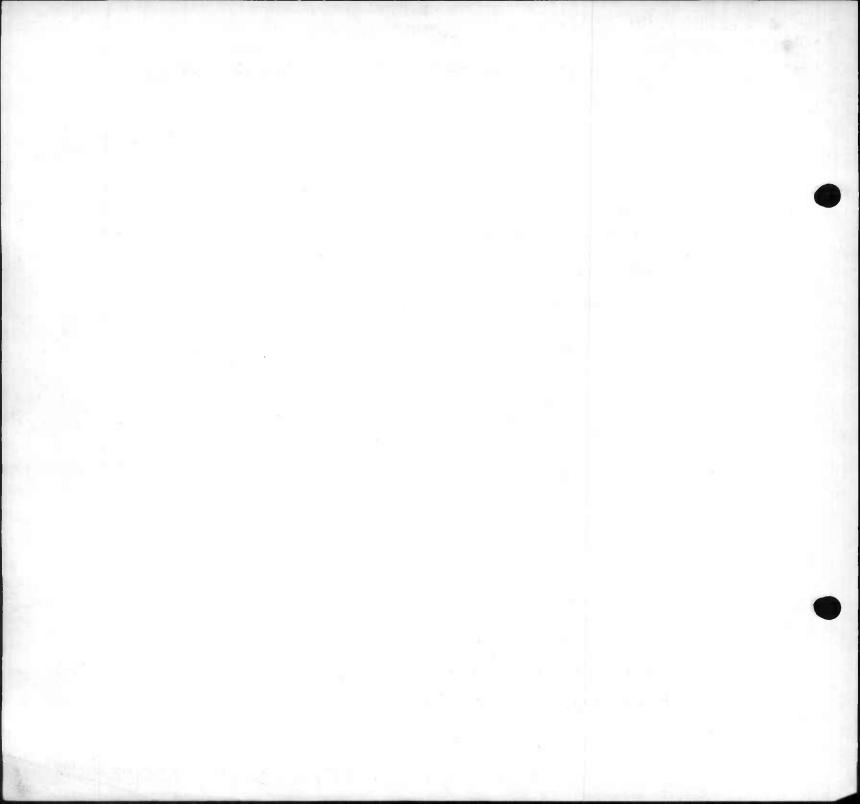
3.	1000	4		1	2
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
pital	0	Dece	e 01	ath.	
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deat	t or	Onde	ds in	e de	ositio
int if	direc	4; (4)	th ⊌	on th	disp
ssista	the	/ kind	dea	ince (btained before the remains are embalmed or final disposition is made.
his a	so, if	of any	nced	enda	o pe
Pr or	r. A	ure	ronor	ir att	alme
ımine	mine	frac	ho pi	egula	emp
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ifica	Ma A	1) An	J.A. a	d pri	appr
s cert	poq) :SMC	s D.C	espe	written approval must be ob
Thi	the	sho	Ma	dec	X

66 11516	BALTIMORE CITY	HEALTH DEPARTMENT		00			
DIRTH NO. 00 1101.0	CERTIFICA	TE OF DEATH	Registered No	66 11516			
M.E. CASE NO. 1. NAME OF DECEASED	02/(1/1/0/		D HOUR OF DEATH				
(Type or Print) Albert Martin B	alog!		n-11/15	116			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If ins	titution: residence before odmission)			
		A, STATE B. COUNT	Ϋ́				
FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR oddress or location)	ve street	MaryLand					
INSTITUTION		C. CITY OR TOWN (If outs		URNE and give township)			
It union memorial Hospi	tel.	D. STREET ADDRESS OF	# 14				
33N & COLVERT STS.							
	1171/50 14480150		worth we	40 11 1 1 1 1 1 1 1 1 1 1 1			
widowed,	DIVORCED (specify)		ost birthdoy)	Month's Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?			
D C A	Corp.	1 Jenn Sylvar	ica.	USA			
SALES Mgr. R.C.A.		14. MOTHERS MANDEN NAM		0011			
Dat A dated		mary 1	TUTOUY				
15. Was Deceosed Ever in U. S. Armed Rorces?	1 6. SOCIAL	17. INFORMANT	101 001	ADDRESS			
(I yes, no or unknown) (II yes, give wor or dones of service)	SECURITY NO.	9	-				
Yes WW2	96-16-1511	Mrs. Marie P. Ba	alog	(Same)			
18. / 5 / X	CAUSE	OF DEATH		ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY	-	0					
LEADING TO DEATH	(A) Ca	incer of Jamas	h c metalta	6 3 mas.			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,							
injuly al camplication which caused death.)							
ANTECEDENT CAUSES	DUE TO	~~************************************	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
DISEASES OR CONDITIONS, if ony, giving rise to the abave couse (A) stoting the (C)							
UNDERLYING CONDITION last.	(C)	but = = = = = = = = = = = = = = = = = = =					
l l							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
198. CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED			
13 17 UST US 1966 Cance		NO.					
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., e, form, foctory, street, o	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)			
DEATH (notify medical examiner) etc.)							
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?				
OF INJURY (APPROX.) While	e At Not Whi						
		11/0/11.	0 44	/16//			
22. I certify that (44) (this haspital) attended th	e deceased from	- /, (9ta	19.66			
that 📆 (we) last saw the deceased alive an		19 46° and the	it in(📦) (aur) apin	ian death accurred an the date			
and haur and from the causes stated above. (1)	(We) (did) (did nat)	view the bady after death.					
23A. SIGNATURE				23B. DATE SIGNED			
D. D. D. Whithy	M.D. At		Stoff Phys.	Nov. 15, 1966.			
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS					
D.A. Schwartz	M.D.	Unio	n Memorial H	lospital			
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY or CE	REMATORY 24D. LC	CATION (Cit	y, lown, or county) (State)			
Burial 11/19/66. Hol	y Redeemer C	emetern	Baltimore	Ma			
25A. DATE REC'D AT HAALTH DEPT CO 25B NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	DOT CTHOLE	ADDRESS			
25A. DATE REC'D AT GRALTH BEPT 966 258 NAME O	-8 for 1.		ok Ing Rali				
VS 150-REV. 1/1/65	A APARKONIA	Leonard J. Ruc	TIEG DHIL	o. rat. 21214			
V.S. LOUGHER V. 1/1/60							



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

66 11517	BALTIMORE CITY	HEALTH DEPARTMENT		66 11517	
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	00 11911	
I, NAME OF DECEASED		2 DATE ANI	D HOUR OF DEATH		
(Type or Print) Joseph	HOSENICKY	nou.	19 1966	11:20 P.M	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceased lived. If institut	ion: residence before admission)	
FULL NAME OF (If not in hospital or institu	tion, give street	Marylon	d	400	
HOSPITAL OR address or location)			side city limits, write KURA	L and give township)	
13 n. Ros	s St		re. O		
00	- 1,	D. STREET ADDRESS OF	Rose St.		
	RIED, NEVER MARRIED	B. DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs.	
May White n	nunkied (specify)	10/26/96	ost birthdoy) Mo	nths Doys Hours Min.	
IDA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country) 12	CITIZEN OF WHAT COUNTRY?	
Involint With Soft	+ Dank Company	Maryland		USA	
13. FATHER'S NAME		14. MOTHERS MAIDEN NAM	-		
Wenceslaus hose	nicky	Josephilia	e torez low	4	
15. Was Deceased Ever in U. S. Armed Forces?	1 6, SOCIAL	17. INFORMANT		ADDRESS	
(Yes, no or unknown) (If yes, give war or dates of serv	215 01 2542	Ly Main M. Los	Soucky 13	n. Rose St.	
18.44 20,1	CAUSE OF	FDEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY		1.0	1 1-	ONSET AND DEATH	
LEADING TO DEATH	(A).	myo cannal	Wyarchon	10 min	
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc		0 . 1	()	2	
injury or complication which coused death.)	and I	mlack	ń	3 4/5	
ANTECEDENT CAUSES	DUE TA	· · · · · · · · · · · · · · · · · · ·			
DISEASES OR CONDITIONS, if ony, gi		enterrance C	CVN	8-10410	
UNDERLYING CONDITION lost.	107				
_ 11	4				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO	UTING THE				
DISEASE OR CONDITION CAUSING IT.		TOO A ALIMANAVA /V	200 IE 450 WALL	INC. CONFIDENCE	
19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	OF DEATH?	
U 21A, ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Baltimare City	y, give exact location)	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	hame, farm, foctory, street, of	fice bldg., INJURY OCCUR?	Parinting Off	7. g. o ones, 1000HOID	
0		015 110 110 110			
OF INJURY	While At Not While	21 F. HOW DID INJU	JRY OCCUR?		
(APPROX)	Work At Work		51	1/10. 10	
22. I certify that (I) (this hospital) attend	ded the deceased from	Teh 1	9 ta	10 1966	
that (I) (we) last saw the deceased alive	on NOV /	19 66 and the	it in(my) (aur) apinian	death accurred on the date	
and haur and from the causes stated above					
23A. SIGNATURE	0,		23 B	DATE SIGNED	
Junton V.	Toch MI) M.D. Atte	mding Med. Director	Staff Phys.	11/11/66	
23C. PHYSICIAN'S		23D. ADDRESS	0 / 5	1.100	
NAME (Type)	ock M. DM.D.	2936 2	mitto st		
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRE		CATION (City, to	own, or county) (State)	
REMOVAL (Specify)	21 1/41 1	() ()	11 , 7.	-0	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	Dehemian la Trong		eltimore, M	ADDRESS	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25COUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS					
VS 150-REV. 1/1/65	DEL SE LIBERTALINE	DINUTAL PASS	M 1411 - 115	740 1100	
43 130-KE V. 1/1/03		¥/			



BALTIMORE CITY HEALTH DEPARTMENT	0.0	4 4 5 4 1
EYAMINED'S CEDTIFICATE OF DEATH Registered	30	1101

BIRT	H NO.	MEDI	CALEX	AMINER 3 CI	KIIFICA	IE OF DEATH	egistered No.		
-	CASE NO.		(ROSE)			T			
(Тур	e or Print	OSECVA ROSINA		PAULA		November 12,		3:00	P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission B. COUNTY				dmi s sion)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET		Ma	ryland		andfaire terras	N:-V			
HOS INS	HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN (If outside corporate limits, write RURAL endegive township)						
	/ M	aryland Gener	al Hosn	nital		lltimore RESS (If rurol, give location)	17	-	
-	4 × "	aryrana dener	dr nosp	,Icai		23 W. North Ave	nue		
5. SI	X	6. RACE		NEVER MARRIED	B. DATE OF BIRT			er 1 Yr. If Unde	
	Female	White		DIVORCED (specify)	Feb. 9,	1896.	× 70 Monms	Doys Hours	i Min.
			1	BUSINESS OR INDUSTRY			12. CITI:	ZEN OF	1
done	Embroid	vorking life, even if retired) lery	Self 1	Employed	Ma	aryland	""(JSA COUNTRY?	
13. F	ATHER'S NAM	Vincent D	iPaula		14. MOTHER'S M	Maria	Grazia Gi	iordano	
		D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	SS	
103	No	with yes, give wor or order	s or servicer		Mr. Jose	ph S. DiPaula,2	700 Grind	don Ave.	
	IB.	23 X		CAUSE	OF DEATH		AL-	INTERVAL BE	
	DISEAS	SE OR CONDITION DI	RECTLY					ONSE! AND	DEATH
	(This does n	LEADING TO DEATH		(A) Cranio	-cerebral	Injuries			
	(This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	ANTECENDENT CAUSES								
	DISEASES OR CONDITIONS, IF ANY, GIVING BUF TO								
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						1 30		
Z.	(C)							**********	
Ě	OTHER SIGI	II NIFICANT CONDITIONS	CONTRIBUTION	ve.					
은	TO THE	DEATH BUT NOT REL	LATED TO T		•				*******************
CERTIFICATION		OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 20B. IF YES, W			
	2	WAS PERI			Yes		CAUSES OF D	Yes	3
S	UN DERLYING 5	L CAUSE WAS	21 B. home	PLACE OF INJURY (e.g., , form, foctory, street, o	in or obout 21C. V	WHERE DID (If in Boltimore ' Y OCCUR?	City, give exact l	locotion)	
MEDICA	UTING LI CAU	SE OF DEATH.	etc.)	Home		3 W. North Aver			
	21 D TIME OF INJURY	(Month) (Doy) (Year	1000	1E. INJURY OCCURRED		OW DID INJURY OCCUR?			
	(APPROX.) 10 4 '66 WHILE AT NOT WHILE X Was beaten								
	22. I cert	ify that I held an I	nquiry 🗌	Inspection Aut	apsy X an	d that an this basis, dea	th in my apinio	an	
	resul	ted from: Natural con	uses A	coldent Suicide	Homici	de X Undetermined	manner		
		1/1/	R		CHIEF M	EDICAL EXAMINER		DATE CI	CHED
	SIGNAT		Wille	will M.D.	ASSISTANT M	EDICAL EXAMINER		DATE SIC	MED
	EXAMIN	ER'S		4		EDICAL EXAMINER			100
23.△	NAME (enecker, M.D.	. CREMATORY	23D. LOCATION	(City, town, or	11/13/	(Stote)
	OVAL (Specify	1)						,	
248	Buria	BY HEALTH DEPT.	-	ew Cathedral		AL DIRECTOR	ore, Md.	ADDRESS	
	210	V 1 0 1000 A	0000	? Fr. Comen	Leonar				
	NO	A TO 1200 (1	1 20 6	2, 9, 0	3	d.J. Ruck Inc.	Dalto. M	u. 21214	
VS	151-REV. 1/1/	65 // 8	121						

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h		BALTIMORE CITY	HEALTH DEPARTMEN	Т	
0 -	11519	CERTIFICA	TE OF DEATI	Registered No.	66 11519
M.E. CASE NO. 1. NAME OF DECEAS (Type or Print)	ED M		2. DAT	AND HOUR OF DEATH	
(Type of Finn)	> 1 H 4 = 5 C	ICGUIRE		11/15/60	6 2 13 A M
3. PLACE OF DEATH	IN BALTIMORE, MARYLAN	ND P		Where deceased lived. If ins	titution: residence before admission)
FULL NAME OF	(If not in hospital ar instaddress or lacation)	titution, give street	MARY	1 LAND	4/-04
INSTITUTION	address or lacations		C. CITY OR TOWN	t outside city limits, write R	#14
TT	1.0	11	D. STREET ADDRESS	(If rural, give location)	π14
lower	Meniod	Hasp.	2823	OVERLAN	D AVE
. SEX 6. R	AČE 7. M	ARRIED, NOVER MARRIED	8. DATE /5/1895	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
Male	White	Single	BD/DRY/KXXXDDKSK	71	
6A, USUAL OCCUPA ane during mast of work	TION (Give kind of work 10B. 1	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
vetire	L Plumber		MARYL	AND	U. S.A.
FATHERS NAME			14. MOTHER'S MAIDEN		
MATT	HEW M	CGUIRE	MA	RY MAN	GAN
5. Was Deceased Eve	r in U. S. Armed Forces? yes, give war ar dates of s	1 6. SOCIAL	17- INFORMANT		ADDRESS
No	year give war ar actor ar a	219-18-9379T	Miss Mary Mc	Guire	(Same)
18. 4	, /	CAUSE O	F DEATH		INTERVAL BETWEEN
	R CONDITION DIRECTL	Y	c. DriA1	12/5/00	ONSET AND DEATH
	DING TO DEATH mean the made of dyin-	WYY	CARDIAL	INFARC	TICN 15 hrs
heart foilure, astl	nenia, etc. It means the d	disease,			
	atian which caused death ECEDENT CAUSES	Π ₊ J /R)			
		DUE TO		***************************************	***************************************
rise to the o	CONDITIONS, if any, bave cause (A) statis				
UNDERLYING C	ONDITION last,				
OTHER SIGNIFICA	II ANT CONDITIONS CONTI	RIBUTING			
E TO THE DEAT	H BUT NOT RELATED	TO THE			
19A. DATE OF OP		N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING CAU	INDINGS CONSIDERED
			1110		
OR CONTRIBUTION		21B, PLACE OF INJURY (e.g., in home, tarm, toctary, street, a	n or about 21C. WHERE DI fice bldg., INJURY OCCU	D (If in Baltimare R?	City, give exact location)
DEATH (notify me		etc.)			
OF INJURY	anth) (Day) (Yeor) (Ha	While At Not While	_	INJURY OCCUR?	
(APPROX)		Work At Wark			11/11/11
22. I certify tha	t (I) (this hospital) att	ended the deceased fram	11/14/	19 6 6 to	11/15/1966
that (I) (we) las	t saw the deceased ali	ve an //4/	19 66 an		ian death accurred on the date
and have and fre	am the causes stated a	bave. (1) (We) (did) (did nat) v	iew the bady after de	ath.	
23A. SIGNATURE	01 -	,			23B. DATE SIGNED
2	<i>LLi-2-</i>	M.D. Atte	ending Med. S. Director	Stott Phys.	11/15/66
23C. PHYSICIAN'S NAME (Type)	ZOLTAN	ZARDAY.	23D. ADDRESS THE	UNION MEMORA	AL HOSPITAL
ZOL	TAN ZI	ARDAY M.D.	Union M	eminal fla	علام
AA. BURIAL CREMA	ify)	24C. NAME of CEMETERY OF CR			y, Yawn, ar county) (State)
Burial	11/17/66.	New Cathedral Ce	emetery	Baltimore,	Md.
25A. DATE REC'D BY	HEALTH DEPT. 3025B	NAME OF REGISTRAR	25C. FUNERAL DIRE	ma.	ADDRESS
		C / C C C	Leonard Jun	Rugk Inc. Balt	o. Md. 21214

VS 150-REV. 1/1/65

TARILAND GARTINGE the Hound By 28 25 OVERLAND IN -1/3/1. M W CNATKRAW vehiered MARK WAYGAN MATTHEW MESONEE MYCLAROLL WELDETS 55 151/4 50 14/10 W/4 TATES VALUE the second of th

TNY	direct or contributed by (4) Undeterminate was in reguon the decease I disposition is m
IMPORTA	or his assist Also, if the re of any kin nounced de attendance Imed or fina
FUNERAL DIRECTOR: IMPORTANT	chief medical examiner. A a medical examiner. Body burns; (3) A fractu the physician who pro ysician was in regular e the remains are emba
FU	This certificate must be approved by the chief medical examiner or his assistant if death occurthe body was released to the hospital by a medical examiner. Also, if the direct or contrishows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermines D.O.A. at a hospital (except where the physician who pronounced death was in regudeceased prior to death); and (6) No physician was in regular attendance on the decease written approval must be obtained before the remains are embalmed or final disposition is m

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenia, etc., it means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION SOLUTIONS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED T	1	BALTIMORE CITY	HEALTH DEPARTMENT
IN AMAR OF DECENSION STATE AND HOUR OF DATH ITS COMMENT STATE AND HOUR OF DATH	6	CERTIFICA	TE OF DEATH Registered No. 56 11520
FULL NAME OF INCREMENT OF ENGLISH OF STATES AND AVE COUNTY OF NORTH AND AVE DESCRIPTION. OR COUNTY OF NORTH AND AVE COUNTY OF	1, I (Ty	NAME OF DECEASED POPE OF PRINCE NAME OF DECEASED	11/15/66 1018 Am.
No. STATE ADDRESS III routed, gave location AVE	٥,	FULL NAME OF (If not in haspital or institution, give street	MARYLAND
S. SER G. BACE	1	INSTITUTION	D. STREET ADDRESS (If rurol, give location)
10. USUAL OCCUPATION (Give hind of work) 108, KIND OF BUSINESS OR INDUSTRY 11, BETHPLACE (State or longing country) WARYLAND 11. BETHPLACE (State or longing country) WARYLAND 12. CHIERR OF WARYLAND 13. FAINERS NAME TO AN THE CENTRY THE SECRET OF T	5		B DATE OF BIPTH IS AGE (In years I II lodge 24 Hz
ALTONITOR COUNTRY		WIDOWED, DIVORCED (specify)	09-22-13 51
13. Was Deceased five in U. S. Armed Faces? 16. SOCIAL 17. INFORMANT ADDRESS 18. SOCIAL 18. SOCIA	do	ne during most of working life, even if retired) ***********************************	MARYLAND WHAT COUNTRY?
No 218-50-6099 Mr. Jacob Matz, 303 E. Fayette St. Balto. Md 18. OI DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hooff follow, esthemic, etc.) immens the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLING CONDITION lost. DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLING CONDITION (a) state to the above cause (A) stating the UNDERLING CONDITION (a) state to the above cause (A) stating the UNDERLING CONDITION (a) state to the above cause (A) stating the UNDERLING CONDITION (a) state to the above cause (A) stating the UNDERLING CONDITION (a) state to the above cause (A) stating the UNDERLING CONDITION (a) state to the above cause (A) stating the UNDERLING CONDITION (a) state to the above cause (A) stating the UNDERLING CONDITION (a) state to the above cause (A) stating the UNDERLING CONDITION (a) state to the above cause (A) stating the UNDERLING CONDITION (a) state to the above cause (A) stating the UNDERLING CONDITION (a) state to the above cause (A) stating the UNDERLING CONDITION (a) state to the above cause (A) stating the UNDERLING CONDITION (a) state to the above cause (A) stating causes of potath? DISTANCE OF CONTRIBUTION (a) state to the above cause (A) stating causes of potath? ACCIONT WAS UNDERLING (CONDITION (a) state to the above causes (A) stating causes of potath? DISTANCE OF CONTRIBUTION (C) state to the above causes (A) stating causes of potath? ACCIONT WAS UNDERLING (C) control (C) state (C) sta	1		KATHERINE NORRIG
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inse to the above cause (A) stating the UNDERLYING CONDITION lost. Condition Conditio			F DEATH INTERVAL BETWEEN
ise to the above cause (A) stating the UNDERLYING CONDITION lost. Condition Condition		(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	lex and polyp, stomah
THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 19A-DATE OF OPERATION 198. CONDITION CAUSING IT. 21B. PLACE OF INJURY (e.g., in or about 27C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 198. CONSIDERED 19 CONTRIBUTING 198. CONSIDERED 19 CONTRIBUTING 198. CONSIDERED 19 CONTRIBUTING 198. CONSIDERED 19 CONTRIBUTION 198. CONT		rise to the above cause (A) stating the (C)	scitis!
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes or Noi) 208. IF YES, WERE HINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH? 211. ACCIDENT WAS UNDERLYING 211. PLACE OF INJURY (e.g., in or about 212. WHERE DID OR CONTRIBUTING CAUSE OF DEATH? 212. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 213. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 214. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 215. PLACE OF INJURY (e.g., in or about 212. WHERE DID (III in Bolhimare City, give exact locohan) home, form, foctory, street, office bldg. INJURY OCCUR? 215. HOW DID INJURY OCCUR? 216. HOW DID INJURY OCCUR? 217. HOW DID INJURY OCCUR? 218. PLACE OF INJURY OCCUR? 219. HOW DID INJURY OCCUR? 219. HOW DID INJURY OCCUR? 219. HOW DID INJURY OCCUR? 210. AUTOPSY? (Yes or Noi) 208. IF YES, WERE HINDINGS CONSIDERED INJURY OCCUR? 216. PLACE OF INJURY (e.g., in or about 212. WHERE DID (III in Bolhimare City, give exact locohan) Industry occurs of them, form, foctory, street, office bldg. INJURY OCCUR? 216. HOW DID INJURY OCCUR? 217. HOW DID INJURY OCCUR? 218. HOW DID INJURY OCCUR? 219. HOW DID INJURY OCCUR? 219. HOW DID INJURY OCCUR? 219. HOW DID INJURY OCCUR? 210. ADDRESS 19. HOW DID INJURY OCCUR? 210. ADDRESS 19. HOW DID INJURY OCCUR? 210. HOW	VIION	II	G R Form
D 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hourt 21E. INJURY OCCURRED While At Work 21D. TIME (Approx.) 21D. TIME (Manth) (Day) (Year) (Hourt 21E. INJURY OCCURRED While At Work 21E. INJURY OCCURRED While At Not While At Work At Work 22. I certify that (I) (this haspital) attended the deceased from 19 6 and that in(my) (aur) apinion death accurred an the do and haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 24A. BURNATURE 24A. BURNATURE 24A. BURNATURE 24C. NAME of CEMETERY or CREMATORY Phys. 24D. LOCATION (City, town, or county) Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME of REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck Inc. Balto. Md. 21214	RTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Wark 22. I certify that (I) (this haspital) attended the deceased fram 19 6 and that in(my) (aur) apinion death accurred an the day and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Specify) Burial 24C. NAME of CEMETERY or CREMATORY REMOVAL (Specify) Burial 25B. NAME OF REGISTRAR 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck Inc. Balto. Md. 21214	U	D 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,)	n or about 21C. WHERE DID (II in Baltimore City, give exact location) (fice bldg., INJURY OCCUR?
that (I) (we) last saw the deceased alive an	ED	21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not Whi	le 🗀
23A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE 23B. DATE SIGNED 1/15/66 23C. PHYSICIAN'S NAME (Typel 23D. ADDRESS NAME (Typel 24D. LOCATION (City, town, or county) (Stotel Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214		that (1) (we) last saw the deceased alive an	19 66 and that in(my) (aur) apinion death accurred an the date
23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 11/17/66. Parkwood Cemetery 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 22D. ADDRESS M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D.		23A, SIGNATURE M.D. AH	ending Med. Stoff Alls 166
Burial 11/17/66. Parkwood Cemetery Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS NOV 16 1966 10 0 16 C. Fallower - Leonard J. Ruck Inc. Balto. Md. 21214		23C. PHYSICIAN'S NAME (Type) ZCLTAN ZARDAY M.D.	Union 1/2 com in they.
NOV 16 1966 10 00 160 ATAIL TO Leonard J. Ruck Inc. Balto. Md. 21214		Burial 11/17/66. Parkwood Cemeter	ery Baltimore, Md.
		NOV 1 8 1966 10 00 1659 67-11-110	

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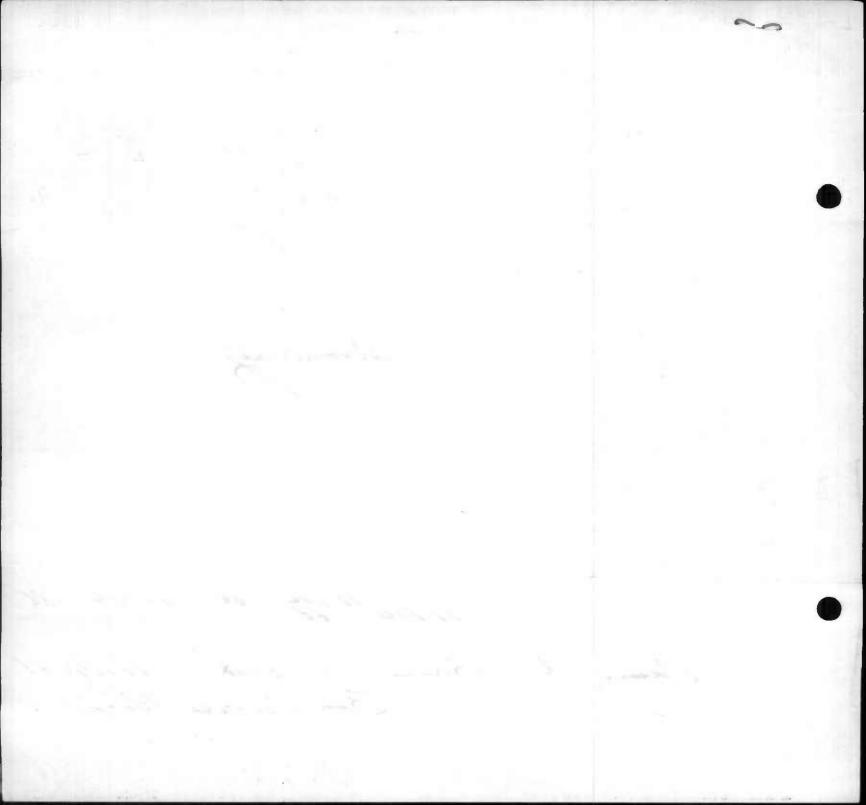
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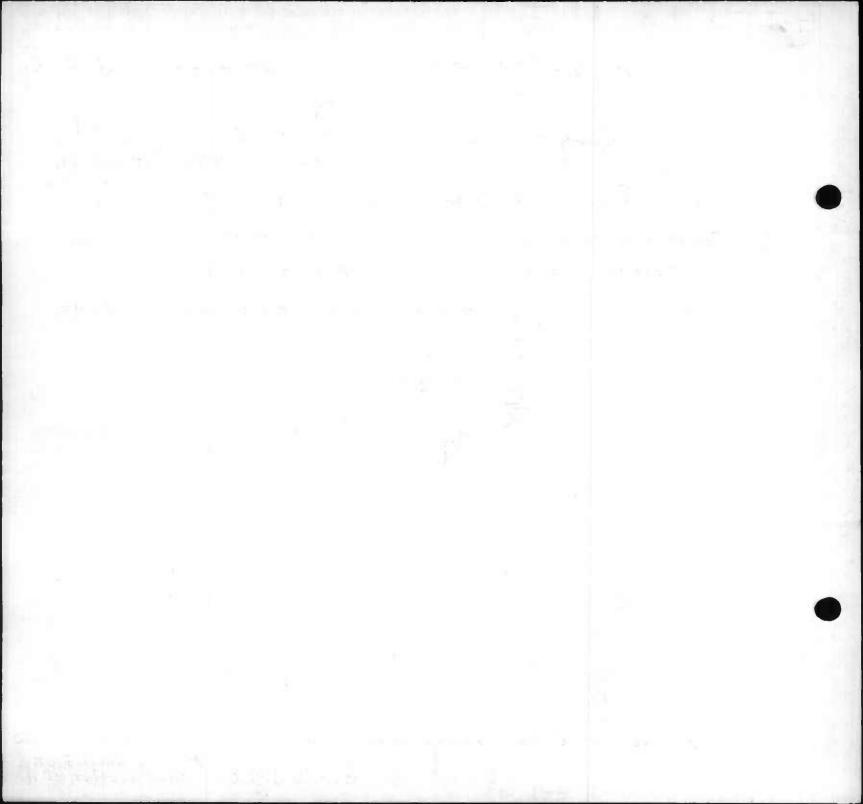
11	BALTIMORE	CITY HEALTH DEPARTMENT		(10) 1 1 1 1 1 1
BIRTH NO. 66-2479266 1	1521 CERTIFIC	CATE OF DEATH	Registered Na	66 11521
M.E. CASE NO.			ND HOUR OF DEATH	
(Type or Print) Baby	inh LANGI	EY 11-11	4 -6 6	17/100
3. PLACE OF DEATH IN BALTIMORE,			ere deceased lived. If in	stitution: residence before admission)
HOSPITAL OR oddress or loca	ilol or institution, give street of on the state of the s	C. CITY OR TOWN ()f or	utside city limits, write F	RURAL and give township)
34	20	D. STREET ADDRESS (IF	rurol, give location)	Po ST
E STEW V DAGE	T AA ARRIED NEVER AA ARRIED			
5. SEX 6. RACE NEGRO	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of videne during most of working life, even if retire			,	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		MARY LANGO	MF	
ROBERT LAN	GIEX	PATRICIA	Y041 nl G	
15. Was Deceased Ever in U. S. Armed (Yes, no or unknown) (If yes, give war or co	Forces? 16. SOCIAL	17. INFORMANT 10. SPETAL	1 Rosans	ADDRESS
18,-7	CAUS	E OF DEATH	, across	INTERVAL RETWEEN
DISEASE OR CONDITION		E OF DEATH		ONSET AND DEATH
LEADING TO DEAT		Ommaded.	. 7	
(This does not mean the mode heart failure, asthenia, etc. It mea injury or complication which cous	ons the diseose,			
ANTECEDENT CAUS	SES (B)	······································		
DISEASES OR CONDITIONS,				
rise to the obove couse (AUNDERLYING CONDITION lost.			> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN	RELATED TO THE			
DISEASE OR CONDITION CAUSIN	G IT.	20A. AUTOPSY? (Yes or N	o) 20B. IF YES WERE I	FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. C WAS I	PERFORMED		IN CERTIFYING CAL	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	G 21B PLACE OF INJURY (c home, form, foctory, streetc.)	.g., in or obout 21C. WHERE DID 1NJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Day) (Ye	eor) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
ØF INJURY (APPROX.)		While		
22		Vork U	1965 to	11/10 11
	ital) attended the deceased fram	4 19 80 and 1		nian death accurred an the dat
and haur and fram the causes s	stated abave. (1) (We) (did) (did n	at) view the bady after death.	,	
23A. SIGNATURE				23 B. DATE SIGNED
(feno.	Cy Sac.	Attending Med. Phys. Director	Stoff Phys.	11/14/86
23C. PHYSICIAN'S NAME (Type)	A	23D. ADDRESS		
	^	1.D. 1500 Sa	coursed.	form Too

24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 248. 24D. LOCATION (Stote) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 1966 VS 150-REV. 1/1/65



	20		CITY HEALTH DEPARTMENT		00 44=
BIRT	TH NO. 66 11522	CERTIFI	CATE OF DEATH	Registered Na	66 11255
	CASE NO.				
	BLANC PLACE OF DEATH IN BALTIMORE, MAR	HEP. SAMS.		14-66	3:55 P.
3. 1	LACE OF DEATH IN BALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (W	here deceased lived. Il inst	ilution: residence before odmission)
		er institution, give street	MARYLAND B. COL	THE	
i	NOTUTITION		C. CITY OR TOWN (If	outside city limits, write RL	JRAL and give township)
	BALTIMORE CITY H		BALT IMORE	1.6	
	4940 EASTERN AVE	ENUE		If rurol, give leation)	
1	BALTIMORE, MD	21224	406 LEHIGH	ST. #21224	
5. 5	EX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	EMALE WHITE	WIDOWED DIVORCED (specification)	ED 12/25/08,	53 57,	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work) during most of working life, even if retired)	10B. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSE WORK	AT HOME.	RICHMONI	D. VA.	U.S.A.
13.	FATHER'S NAME	711 710 1012	14. MOTHER'S MAIDEN N		0, 0, 11.
	? FELI	DMAN	ROSE	3	
15.	Was Deceased Ever in U. S. Armed Force, no or unknown) (If yes, give wor or dotes		17. INFORMANT		ADDRESS
	NO.	SECURITY NO.	RECORDS: BCH	4940 EASTERN	AVENUE #21224
	DISEASE OR CONDITION DIRE	W	ISE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		Myacaspini	INFOMET =	24 hours
	(This does not mean the made of heart failure, asthenia, etc. It means injury or complication which coused	the disease			
	HYDERTENSING HEADT DISEASE IN HOUSE				E 20 41915.
	ANTECEDENT CAUSES	(6)	a	******************************	
	DISEASES OR CONDITIONS, if a	ny, giving	2		70 /
	rise to the obove couse (A) UNDERLYING CONDITION last.	stating The (C)	DIABETES MEL	LITUS	July Grais.
	11				
ATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	TED TO THE			
S	19A. DATE OF OPERATION 198. COND	THON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE FIL	NDINGS CONSIDERED
ERTIFIC	WAS PERFO		111.0		
CALC	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, streetc.)	(e.g., in or obout 21C. WHERE DID eet, office bldg., INJURY OCCUR?	(II in Boltimore	City, give exact location)
EDICE	21 D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	D 21F. HOW DID IN	NIURY OCCUR?	
M	OF INJURY		t While	TORY OCCUR.	
	(APPROX.)		Work		
	22. I certify that (I) (this hospital)	attended the deceased from	11-14	19 66 to	11-14 19 66
	that (I) (we) last saw the deceased	d alive an 11-14	19 66 and	that in (mu) (aug) anini	on deoth accurred on the date
					on death accurred on the date
	and haur and fram the causes state	ad abave. (I) (We) (did) (did r	nat) view the bady after death	10	
	23A. SIGNATURE				23 B. DATE SIGNED
	7.1a	M.D.	Attending Med. Director	Stoff Phy or	11-14-66
	23C. PHYSICIAN'S	1	23D. ADDRESS		
	NAME (Type) DR. D. TA	ARSY	M.D. 4940 EASTERN A	VENUE, BALTO.,	MD. 21224
24A	BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY		LOCATION (City	toyyn, gracounty) (Stote)
	BURIAL 11-18 -	66 GORK LAU	VN CEM.	DAS ENSIER	FRANKE ME BALTO, CC,
25A		OSR NAME OF RECISTRAD	DEC SUMPRAL DISCO	ENION MICH CITY / CON	AD.
ZJA	WUV-17-1966	1 6 6 2 Talker	25C. FUNERAL DIRECT	6224 E	ASTERN AUE ,
VS	150-REV. 1/1/65			Unt	Wild I MUNT I MU

THE PERSON NAMED IN COLUMN



, 1	66 11524 BALTIMORE CITY HEAL	TH DEPARTMENT 66 11524
L-532	MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No.
	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	(Type or Print) Earl Lindsay	11/14/66 9:30 p. M.
Letter Line 1	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corparate limits, write RURAL and give township)
	HOSPITAL OR ADDRESS OR LOCATION)	Baltimore 13-07
F 00 45 100 1	11.1.1	D. STREET ADDRESS (If rurol, give locotion)
	47 Union Memorial Hospital	624 Berry St.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
	male white Married	March 30,1912 54
	10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	WHAT COUNTRY?
	Supt Atlas Cons Co	Maryland U.S.
		Effie B. Patterson
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown)(if yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
	no no ?	Margaret M. Lindsav. 62h Berry St.
		OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	osclerotic and hypertensive cardio-
		scular disease
	heart follure, asthenia, etc. It means the disease, injury or complication which coused death.)	
	ANTECEDENT CAUSES	
1-	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	UNDERLYING CONDITION LAST.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE	
	DISEASE OR CONDITION CAUSING IT.	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	no
	21A. EXTERNAL CAUSE WAS O UNDERLYING OR CONTRIB- O UTING CAUSE OF DEATH.	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) Iffice bldg, NJURY OCCUR?
	UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) WHILE AT NOT WORK AT W	WHILE ORK
	22. I certify that I held on Inquiry Inspection x Aut	opsy and that on this basis, death in my opinian
	resulted fram: Natural couses X Accident Suicide	e Hamicide Undetermined manner
	11 11 6 1	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE ALLEN M.D.	ASSISTANT MEDICAL EXAMINER X
	EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 11/15/66
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	REMOVAL (Specify) Burial 11/18/66 Lorraine Pa	ink Window Will Da Wa
III	24A. DATE REC'D BY HEALTH DEPT 24B. NAME OF REGISTRAR	24C EUNERAL DIRECTOR ADDRESS
	NUV I' 1960 Report E. talkerta	Custin 6. Honovan - 3818 Riland ave
	VS 151-REV. 1/1/65	3 7 5 3 9

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00 44505	BALTIMORE CITY	Y HEALTH DEPARTMENT		66 11525
BIRTH NO. 66 11525 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	00 11353
1, NAME OF DECEASED (Type or Print) Lauve, Lou	is Leroy	12 /	OV 66	06.25AM
S. PLACE OF DEATH IN BALTIMORE MARYLAND FOR NAME OF III not in hospitol or institute oddress or location	MENDED tion, give street11-17-66	Delawar	•	tution: tesidence before odmission)
INSTITUTION Laniv. of Ma.	22-21-00	Wilmingto	wawas	ett Park
38		D. STREET ADDRESS (If rur 712 Goverd:	ol, give location) ale Rof.	V-07
	RIED, NEVER MARRIED OVED, DIVORCED (specify)	8 /16 / 08 9.	AGE (In years st birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	D OF BUSINESS OR INDUSTRY	La.		12. CITIZEN OF WHAT COUNTRY?
Lows Laure		Contance Mc	Cullough	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dates of serv	SECURITY NO.	Hosp recor		ADDRESS
DISEASE OF CONDITION DIRECTLY	CAUSE C	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying,	(A)	40 respiratory ar	rest	5 min
heart failure, asthenia, etc. It means the distingury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above couse (A) stoling UNDERLYING CONDITION lost.	Pulm DUE TO	onangemblish or wal answers 4 s		2.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING None			,
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or about 21C. WHERE DID	(If in Boltimore (City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not White Work At Work		Y OCCUR?	
22. I certify that (I) (this hospital) attend	A A	4 Oct 19	66 10 /2	Nov 1966
that (1) (we) last sow the deceased alive and hour and from the causes stated above			in(<u>mv</u>) (our) apini	an death occurred an the date
23A SIGNATURE	Control (and) (and indi)	view file budy until deality	[2	3B. DATE SIGNED
Poberto A. NEgro		rs. Director Ph	off ys.	15 Non PP
Roberto A. Negros	M D	23D. ADDRESS Umv. of M	d. Hosp.	
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LOC	CATION (City,	town, or county) (State)
25A DATE 180 BY HEALTH DET. 258. NA	ME OF REGISTRAR	ne Brandynine V	Vilmingtor	,Delaware
NOV 17 1966 Pole	Ob E. Falkona,	(Revision)	h. Apoz	OROWSK/
VS 150-REV. 1/1/65		1 79 25 45 2	1038	- 2/22-4

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	pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the standard of the cause of the physician was in regular attendance on the cause of
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the propriet of the physician was in regular attendance on the deceased prior to death.
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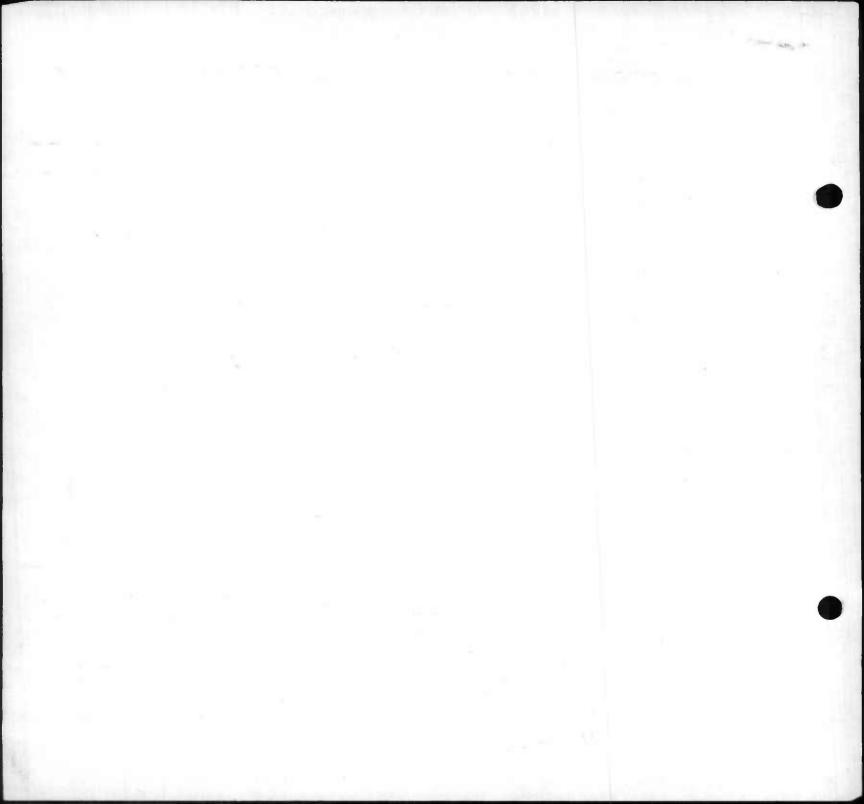
66- 66 11526	BALTIMORE CITY	HEALTH DEPARTMENT		00 11500
BIRTH NO. 23 66 11526	CERTIFICAT	TE OF DEATH	Registered No	66 11526
M.E. CASE NO. 1. NAME OF DECEASED + Cucker Bob	Bou	2. DATE A	31-66	8:20 A
3. PLACE OF DEATH IN BALTIMORE, MARTLAND	1 1	4. USUAL RESIDENCE (Who	ere deceased lived. It ins	titutian: residence befare admissi
FULL NAME OF (If nat in haspital ar institution, give HOSPITAL OR address or location)	street	C. CITY OR TOWN (If or	utside city limits, wite RI	URAC and give township)
SINAI HOSPITA	L	BA 140	rural, give location)	21215
42		4103 W	0 -	erdere Ave
6. RACE 7. MARRIED, NE WIDOWED, D	OVORCED (specify)	B. DATE OF BIRTH 6	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hours Min
10A, USUAL OCCUPATION (Give kind of work 10B, RIND OF BU done during most of working lile, even if retired)	SINESS OR INDUSTRY	Baltina IM	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1	A. MOTHER'S MAIDEN NA		
15, Was Deceased Ever in U. S. Armed Forces? 116			the Dav	
(Yes, na ar unknown) (If yes, give war ar dotes of service)	SECURITY NO.	7. INFORMANT		ADDRESS
18. 776 XI	CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	In Tm	MATURE 1	JEWBORN	3 horus
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	(C)		•	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED	CH OPERATION	20 A. AUTOPSY? (Yes of N	o) 20B. IF YES, WERE FI	INDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21B. PL. OR CONTRIBUTING CAUSE OF home,	ACE OF INJURY (e.g., in tarm, tactory, street, offi	or obout 21C. WHERE DID ce bidg., INJURY OCCUR?	(It in Baltimore	City, give exact location)
DEATH (notify medical examiner) etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN	JURY OCCURRED	21F. HOW DID IN	IIInv Occurs	
OF INJURY (A PPROX.) While Work			JORY OCCUR!	
22. I certify that (I) (this haspitel) attended the			19 66 to	10 - 31 1966
that (I) last saw the deceased alive an				ian death accurred on the
and haur and from the causes stated above. (1) ()	(qtq) (ptp oot) vi	ew the body after death.	•	23B. DATE SIGNED
John Column Mas	M.D. Atten	ding Med.	Statt Phys.	10-31-66
23C. PHYSICIAN'S NAME (Type)	M.D.	D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	E of CEMETERY OF CREA	MATORY I UTT 240.	LOCATION OF PAIN	(State
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	MEDICAL	SCHOOL
NUV 17 1900 () LOT CONTROL OF CO	370	MURILIAK	Y SERVICE	- BCHB



41-60-89

JJ

+	66 1152	BALTIMORE C	TY HEALTH DEPARTMENT		00 44500
- 11	BIRTH NO.	CERTIFIC	ATE OF DEATH	Registered Na	72011 99
	M.E. CASE NO.		2. DATE AN	D HOUR OF DEATH	
	(Type or Print) LEE, 131R	DIE	1/-	4-46	730 P. M.
	3. PLACE OF DEATH IN BALTIMORE, MAR	NLAND	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceosed (ived. If institut TY	tion: residence before odmission)
lì	FULL NAME OF (If not in hospital of	or institution, give street	MARYLAND C. CITY OR TOWN (If out		
	INSTITUTION BALTIMORE CIT	Y HOSPITALS	BALT IMORE	side city (mits, with RURA	L ond give township)
	4940 EASTERN		D. STREET ADDRESS (If	rurol, give location)	
	3 / BALTIMORE, MAI		4940 EASTERN A		
	FEMALE NEGRO	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	1/13/80	86	Under 1 Yr. If Under 24 Hrs.
	IOA, USUAL OCCUPATION (Give kind of work done during most of working lile, even if retired)	108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or forei	gn country) 12	CITIZEN OF WHAT COUNTRY?
			MARYLAND		U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
	15. Was Deceased Ever in U. S. Armed Forc (Yes, no or unknown) (If yes, give wor or dotes	s of service) SECURITY NO.	17. INFORMANT	IO. O. T. OFFICE	ADDRESS
	NO	214-14-0763		4940 EASTERN	
	DISEASE OR CONDITION DIR	ECTLY	OF DEATH		ONSET AND DEATH
	LEADING TO DEATH	(A)	9SCVD-WITH M.I. PACURAL VAS ACC. OF BROWN	104DINE	
	(This does not meon the mode of heart foilure, asthenia, etc. If means	dying, e.g., DUE TO the disease,	M.I.		*
	injury or complication which coused	deoth.)	PACLIPIAL WAS ACC.	INV. PSIDE	2ves.
	DISEASES OR CONDITIONS, if of	DUE TO	OF BROIN		
	rise to the obove couse (A)				
	UNDERLYING CONDITION Iosi,				
	OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING			
	TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT	Τ.			
	19A. DATE OF OPERATION WAS PERF		20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSES	
	U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.	g., in or obout 21 C. WHERE DID	(If in Boltimore Cit	y, give exoct location)
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	office b(dg., INJURY OCCUR?		
	O 21 D. TIME (Month) (Day) (Year)	(Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
	OF INJURY (APPROX.)	While At Not V			
	22. I certify that (this haspital)			1964 to 11	-4 1966.
	that (I) (we) last saw the decease	d alive an 11-4-	19 66 and th	at in(my) (aur) apinian	death accurred an the date
	and haur and fram the causes state	ed abave. (1) (We) (did) (did-not	-view the bady after death.		
	23A. SIGNATURE	// / M.D.	Attending Med.	Stoff S	B. DATE SIGNED
	tuchence //	2/fessoh	Phys. Director	Phy s.	11-4-66
	NAME (Type)	DD MADDERSOTT M		TOTAL	
	DR. RICHA	RD MAFFEZZOLI M	CREMAROY EASTERN A	OCATION IS IS IN	pwn dr.goligi)ii (Stote)
	REMOVAL (Specify)	1-11	ATTITA OTTA A DO	LENGT OF THEAT	711001
	25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	U 25C. FUNERAL DIRECTOR	MEDICAL SC	ADDRESS
	NOV 1 7 1966 (R.	D. J. E. Falkedan	3 Stody	ARY SERVI	CF BCHD



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) October 22, 1966 KOHLMAN 9:40 P EDWARD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and aims township) ADDRESS OR LOCATION Baltimore D. STREET ADDRESS (If rurol, give location) Mercy Hospital 5 N. Exeter Street 8. DATE OF BIRTH 9. AGE (In years If Under 1 Ys. If Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) lost birthdoy Months, Doys, Hours, Male White 65 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 7. INFORMANT ADDRESS (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Pulmonary Embolism LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES (B) Left Popliteal Vein Thrombophlebitis DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Craniocerebral Injury. O CATI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes of No) 20 B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., NJURY OCCUR? 3 21 A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB-ED UTING CAUSE OF DEATH. 1100 Block East Pratt Street Street Σ 21 D TIME 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Yeor) OF INJURY (APPROX.) MHILE AT NOT WHILE X 66 P 10 Probable fall. 22. I certify that I held an Inquiry Autapsy X and that on this basis, deoth In my apinion Inspection resulted from: Notural causes Accident X Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE 10/23/66 EXAMINER'S ASSOCIATE MEDICAL EXAMINER Charles S. Petty, M.D. NAME (Type) 23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF CREMATORY 23D, LOCATION (City, town, or county)- 1 (Stote) REMOVAL (Specify)

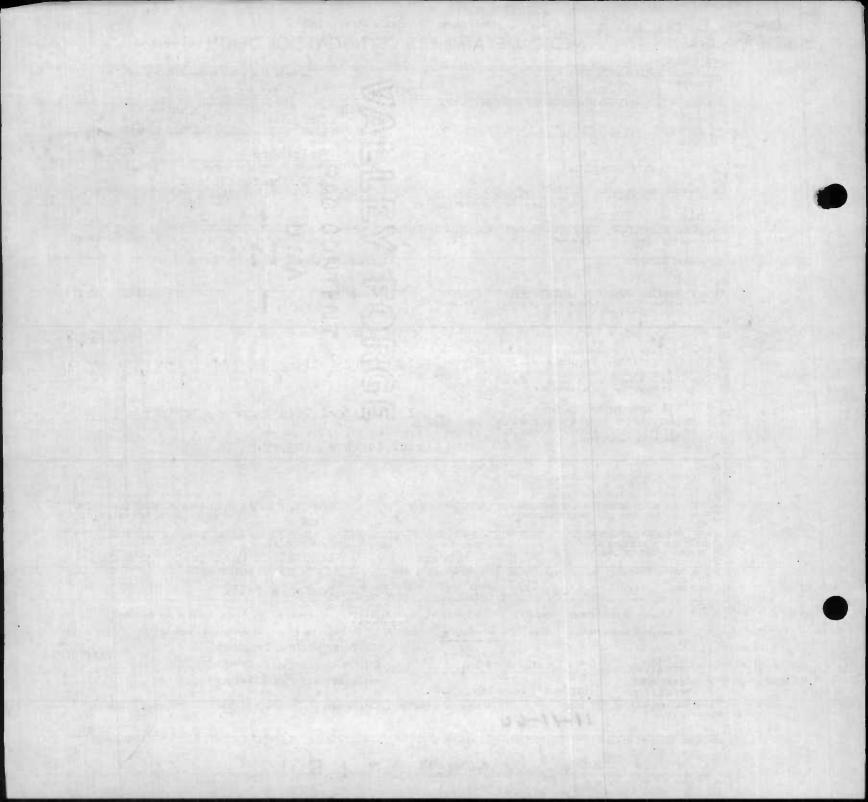
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24A, DATE REC'D BY HEALTH DEPT.

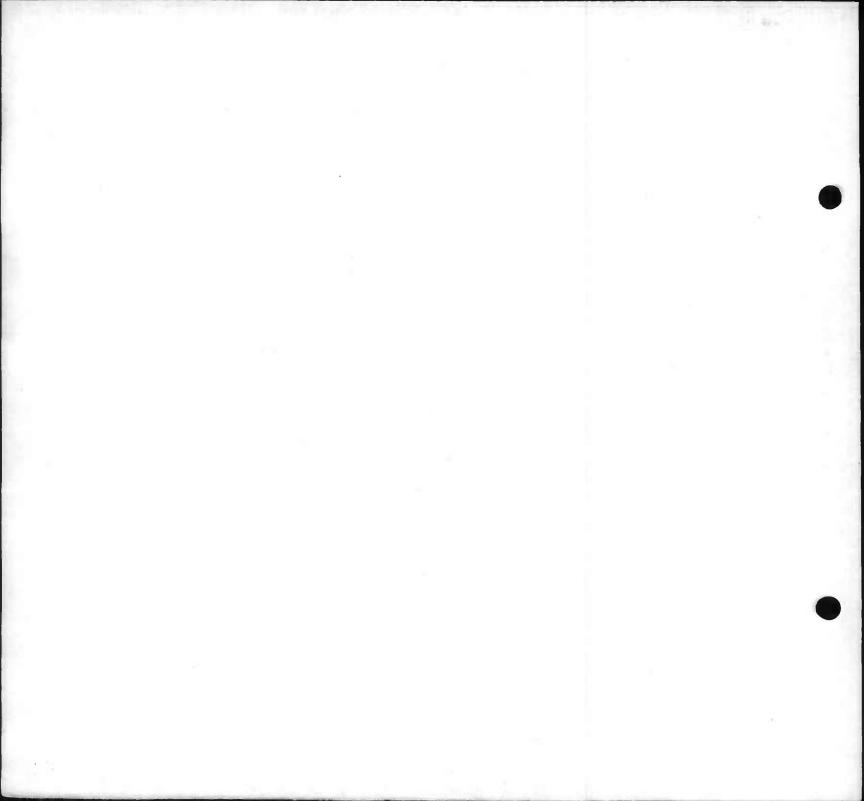
24B. NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

ADDRESS

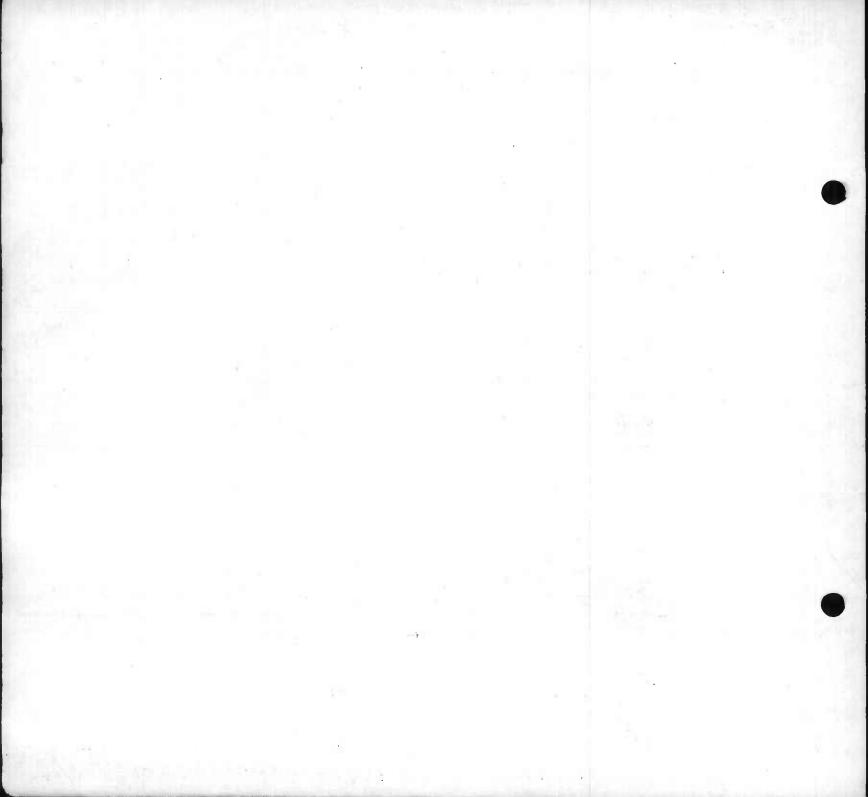


66-32749	BALTIMORE CITY	Y HEALTH DEPARTMENT		66 11529
BIRTH NO. 66 11529	CERTIFICA	TE OF DEATH	Registered Na	00 11023
(Type or Print) DUNSEN	BAby	Boy	11/5	66 1015 Am.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where		stitution: residence before odmission)
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN OF SUITE	and side city limits, write R	URAL ord gir Township)
Sinai Hospiton OF	Balto, Inc.	D. STREET ADDRESS (III	urol, give location)	bash ave.
5. SEX 6. RACE 7. MARRIE	D, NEVER MARRIED	B. DATE OF BIRTH.	AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
mple N. WIDOW	VED, DIVORCED (specify)	10/21/66	ost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	(and	12. CITIZEN OF WHAT COUNTRY?
Wiley E. Dunsen		Nonn i &	TaliaFe	RRO
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.	17. INFORMANT		ADDRESS
18. 7/2 5 1	CAUSE	DF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	А	-and A.		ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.	(A) DUE TO	SPIPATION MA	amoria	
heart failure, osthenio, etc. It meons the diseos injury or complication which coused death.)	e,			
ANTECEDENT CAUSES	(B)	rematurity,	L	
DISEASES OR CONDITIONS, if ony, givin	DUE 10	(
rise to the obove cause (A) stoting It UNDERLYING CONDITION last.	(C)			
II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	R WHICH OPERATION	20 A. AUTOPSY? (Yes) or No.	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., ome, lorm, foctory, street, cotc.)	in or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact tacotion)
₩ OF INJURY	E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
≥ (ABBBOV)	Vhile At Not Whi	le 🗌		
22. I certify that (1) (this hospital) attended	the deceased fram	10/21 1	9 Co to	10/ 5 19 6 G.
that (1) (we) last saw the deceased alive an	11/	5 19 6 and the	t in (my) (aur) apir	nian death accurred an the date
and hour and frain the causes stated abave	(I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE				23B. DATE SIGNED
Donterd & &	UCU M.D. Att	ending Med. Director	Shoff Chiks.	11/5/66
23C.PHYSICIAN'S NAME (Type)	- \ .\ . 1	23D. ADDRESS	,	13/
SANTORD L	EVIN M.D.	IN THE	Sinner	BE A DETE A BIES
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY of CR	EMATORY 1240. LC	CATION U (CI	y, town, be county)-1 (Stote)
11-11-66		INIVERSITY	MEDICA	CHOOL
	OF REGISTRAR	25C. FUNERAL DIRECTOR	- JELE ST 1 8 /)	ADDRESS
NOV 17 1966 (R.C.	BE tarkens	MORTUARI	SERVICI	RCHD
VS 150-REV. 1/1/65	000	3 3 41 6		



14/		1	L	4	
VV	and	pased	1 the	Such	
	ospital	(5) Dece	ance or	death.	
	in a h	canse;	attenda	ior to	
	tributin	mined	gular	sed pr	made.
	eath o	Indeter	s in re	decea	ition is
IN.	direct	d; (4) U	ith wa	on the	dispos
ORTA	s assiste	any kin	ed dec	dance	or fina
IMP	er or his	ure of c	onound	r atten	almed
FUNERAL DIRECTOR: IMPORTANT	xamine	A frac	who pi	regula	ire emb
L DIR	dical e	rns; (3)	sician	was in	mains c
NERA	hief me	sody bu	he phy	rsician	the re
5	y the c	re; (2)	where t	No ph)	before
	roved b	y natu	xcept	(9) pur	btainec
	be app	nt of ar	pital (e	eath);	ust be o
	te must s releas	accide	t a hos	or to de	oval me
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	This ce	shows	was D	decea	writte

66 11	520	BALTIMORE CITY H	HEALTH DEPARTMENT		00 44500
BIKIN NO.	330	CERTIFICAT	E OF DEATH	Registered No	66 11530
M.E. CASE NO. 1. NAME OF DECLASED (Type or Print)	7 /11	liland	2. DATE AN	D HOUR OF DEATH	4:30 A.
3. PLACE OF DEATH IN BALTIMORE,	MARYLAND	with the state of	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceosed lived. If ins	stitution: residence before admission
FULL NAME OF .(If not in hos	pital or institution, giv	ve street	ma		
HOSPITAL OR oddress or lo	l D	7/	c. CITY STOWN	side city limits, write R	URAL and give township)
Malleg	in your	Home	D. STREET ADDRESS	trol, give location	
2095 /C	warn	EVER MARRIED B.	DATE OF BIRTH	ylvan	Close.
+ W.	WIDOWED,	DIVORCED (specify)	Fel-17-1872	AGE (In years ast bigheday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of done during most of working life, even if reti	(bes	lised	Server or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	7	14	A. MOTHER'S MAIDEN NAM	AE /	
Men Da	udy		Vua V	toffu	can ,
15. Was Deceased Ever in U. S. Armed (Yes, no or unknown) (II yes, give wor or	dotes of service)	6. SOCIAL SECURITY NO.	7. INFORMANT	100	ADDRESS3 4)/2
			om	831	6 Wermen
DISEASE OR CONDITION	DIRECTLY	CAUSE OF	DEATH		ONSET AND DEATH
LEADING TO DEA	ATH	(A) Arte	riosclerotic	cardio-	20 vrs.
(This does not mean the mode heart failure, asthenia, etc. 11 mg	eans the disease,	DUE TO	riosclerotic vascular di	sease	
injury or complication which com		(B)			
DISEASES OR CONDITIONS,		DUE TO			
rise la lhe above cause UNDERLYING CONDITION last	(A) sloling the	(C)			· · · · · · · · · · · · · · · · · · ·
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI	RELATED TO THE				
19A. DATE OF OPERATION 19B.		HICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. P home, etc.)	LACE OF INJURY (e.g., in a form, foctory, street, office	or about 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
21 D. TIME (Month) (Doy) (1		NJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
(APPROX)	While Work	At Work			
22. I certify that (I) (this hos	pital) ottended the	deceosed from Jani	lary 21, 1	9 61 to Nove	mber 14, 1966
that (I) (me) last sow the dec	eased olive on N	ovember 9,	19_ <u>66</u> ond the	ot in (my) (our) opin	ion deoth occurred on the d
and hour and from the coases	stated above. (1)	(Wa) (did) (did_not) vie	w the body ofter deoth.		
23A. SIGNATURE	101	M.D. Attend	ling - AAnd -	Stell -	238, DATE SIGNED
236 PHYSISIANIS	16	- W M / /		Stoll Phys.	Nov. 15, 1966
NAME (Type) Lloyd	E. Saylor	7 / 23	o. Address 3902 Greenmou	int Arrani-	
24% JURIAL CREMATION, 248, DAT		M.D.			to the second to the second to
REMOYAL (Specify)	6/66 //	110 The	240,16	CATION DECIN	y, town, or county) (Stote)
25A. DATE REMOTE THE ANALY CHERT	258 NAME OF	REGISTRAL	75C. FUNERAL DIRICTOR	wirely	APDRESS /-
NOA 1.5, 1399	1 (16/14/5)	. Jankurs	1 // Trops	unu la	067 7711
/S 150-REV. 1/1/65	1 7 0	0 0 1		- C- Sun C G	- in regard



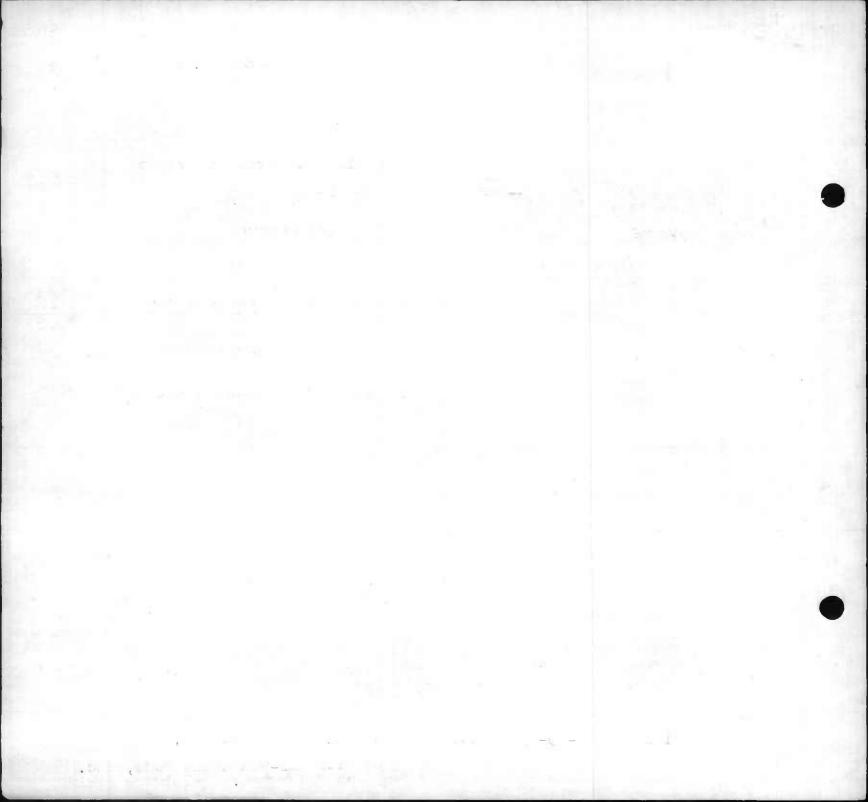
FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to dearn); and (b) No physician was in regular attendance on the deceased prior to dearn. Such withen approval must be obtained before the remains are embalmed or final disposition is made.

	00 11591	BALT	IMORE CITY	HEALTH DEPARTM			CC 44504	
BIRTH NO.	66 11531	CER	RTIFICA	TE OF DEA	TH Re	gistered Na	66 11531	
NAME OF DE					ATE AND HOL			
Type or Print)	Myrtle &	rewer			11-15-6		15:30 A.	M.
Mar	Myrtle & EATH IN BALTIMORE, MARY Lyland General	LAND Hospita	/		E (Where dece	ased lived. If inst	itution; residence belore admiss	ion)
FULL NAME THOSPITAL OR	"OF (If not in hospital as	institution, give street					JRAL and give township)	part !
40				O. STREET AODRESS	salto,	Md,	21230	
70				1616	Inver	icss Au	٠.	
S. SEX	6. RACE	· MARRIED, NEVER MA WIDOWED, DIVORCED Widowe	(specify)	Roqueffount	Zean 9. AGE last bir	5/	Months Ooys Haurs Min	drs.
	CUPATION (Give kind of work 1	OB, KINO OF BUSINESS C	OR INDUSTRY	11. BIRTHPLACE (State	e or foreign coul	ntry)	12. CITIZEN OF WHAT COUNTRY?	
house	of working life, even il retired)	Own Hor	MICH	Roane	Mount	am Tenn.	U.S. A	
3. FATHER'S NA	ME	OWIT HOL		4. MOTHER'S MAIL	EN NAME			
Joh.	n W. Pitter.				ine No			
5. Was Decease Yes, no ar unknav	ed Ever in U. S. Armed Force vn) (If yes, give wor or dates	of service) 1 6. SOCIAL SECURI	IY NO.	17. INFORMANT			ADDRESS	
No				Sel	f	•		
1B. 42	0,11		CAUSE OF	DEATH MUOC	ardial	lufe, 1	INTERVAL BETWEEN ONSET AND DEATH WMULTS JULY S	
DISEA	ASE OR CONDITION DIRE LEADING TO DEATH	CTLY	A	nama 1	ectoris	July	- monuts	
	nal meon the made of a	dying, e.g., he disease	DUE TO	·····			acaa • • • • • • • • • • • • • • • • • •	*******
	implication which caused	leath.)	AS	CAD			exars	-
0.454455	ANTECEDENT CAUSES		OUE TO				1	
rise to 1	OR CONDITIONS, if a the abave cause (A) : NG CONDITION lost,	ny, giving	(C)	•••••				
Ottornetti	11							
OTHER SIGN	NIFICANT CONDITIONS CO DEATH BUT NOT RELAT R CONDITION CAUSING IT.	NTRIBUTING 2	me					
	OF OPERATION 198. COND	ITION FOR WHICH OPER	RATION	20 A. AUTOPSY? (Y	es ar Na) 20B. IN C	IF YES, WERE FILE	NDINGS CONSIDERED SES OF DEATH?	
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF	21B. PLACE OF	INJURY (e.g., in lary, street, offi	ar about 21 C. WHERE	DID CUR?	(If in Baltimore	City, give exact lacation)	
DEATH (noti	(Month) (Day) (Year)	(Hour) 21E, INJURY OC	CURRED	21 F. HOW	DID INJURY O	CCUR?		-
(A PPROX.)	Programme and Association (Control of the Control o	While At	Not White					
22. I certif	y that (I) (this hospital)			-12	1966	ta	-15 19 6	6
	e) last saw the deceased			19 66			an death accurred on the	date
and have a	nd from the causes state	d abave. (1) (We) (did) (d id not) vi	ew the bady after	death.			
23A SIGNAT	URE					. /	23B. OATE SIGNED	
Ill.C	1sur de		M.D. Atter		or Stoff Phys.		11-15-66	
NAME		Buss 6	M.O.	Mary /a	nd q.	enera	1	
24A. BURIAL CE	REMATION, 24B. DATE	24C. NAME OF CEM	ETERY of CRE	MATORY	24D. LOCATIO		, town, or county) (State	9)
Burial		66 Glen Ha	ven Memo	riel	Glen	Burnie	Md	
25A. DATE REC'	NOV 17 1966		Ber M.A				AODRESS	
/S 150-REV. 1/1		lolegeloge, Man	MEDICAN	y rur cley	Funeral	Home, Gl	ej Burnie, Md.	_

£1 99

FUNERAL DIRECTOR: IMPORTANT	h
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	1
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	1
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	V
written approval must be obtained before the remains are embalmed or final disposition is made.	1

	0 1 1 1 5 10	BALTIMORE CITY	HEALTH DEPARTMENT		000 441.00
816	тн но. 66 11532	CERTIFICA	TE OF DEATH	Registered Na.	00 11032
1,	E CASE NO. NAME OF DECEASED POPPING HASEL W. U		2. DATE A	ND HOUR OF DEATH	030
3.	PLACE OF DEATH IN BANTIMORE, MARYLAND	verson		11	nstitution; residence belore admission)
	0	100	A. STATE B. COU	NTY	
	FULL NAME OF (If not in hospital or instituted oddress or location)	tion, givo stroet	C. CITY-OR TOWN (If o	utside city limits, write	RURAL and give (gwnship)
	1 / A / F Page	1	(2) 1	one, m	
	3110 W. farreson	ave	D. STATET ADDRESS (rurol, give locotion)	
1			3110 W. Gar	rison Ave	nue
5.		RIED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
1	emale white -	<	7-12-91	75	
do.	A. USUAL OCCUPATION (Give kind of work 10B, KtN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oign country)	12. CITIZEN OF WHAT COUNTRY?
	NONE		ONKHOL	NN	
13.	FATHER'S NAME		14. MOTHERS MAIDEN NA	ME	
	UNKNOWN	NT III	UNKNO	WN	
5. Y	Was Deceased Ever in U. S. Armod Forces?	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	- 1	ADDRESS
	, , ,	213-01-5487	MITCHELL- W	IEDEFELD H	ONIE 6500 YORK
-	18. / / / > VI	CAUSE OF			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	20	1	0 - 1	ONSET AND DEATH
	LEADING TO DEATH	(A) Stys	sertemene	an arteri	is years
	(This does not mean the made of dying, hearl failure, asthenia, etc. It means the disc	e.g., DUE 107	olin cardio-	lascularde	elect of
	injury or complication which caused death.)	GO.	ieral Arter	isseless	in oyears
	ANTECEDENT CAUSES	DOETO			
	DISEASES OR CONDITIONS, if any, gi				
	UNDERLYING CONDITION last.		**************************************	20 C C C C C C C C C C C C C C C C C C C	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				
ICA	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING CA	AUSES OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	21B. PLACE OF tNJURY (e.g., in homo, form, foctory, stroot, of etc.)	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimor	re City, give exect location)
DIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
×	(APPROX.)	White At Not While			
	22 1 41 41 41 41 41 41 41 41 41 41 41 41 4	Work At Work	0 - 8	10/03.	2-2,
	22. I certify that (I) (this hospital) attend	1 1	10/06	1940 10	19.0.
	that (I) (we) last saw the deceased alive				inian death accurred on the date
	and haur and fram the causes stated above	/e. (1) (We) (did) (did not) v	iew the bady after death.		23 B. DATE SIGNED
	Jeyome & Blum	leng M.D. Atte	nding Med.	Stoll Phys.	11-11-66
	AC. PHYSICIAN'S WILLIMBERG MD		23D. ADDRESS		11111
	TENWENE BLUMBERG ME	M.D.			
24		C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (State)
	Burial 11-15-66	Baltimore Nat	cional E	altimore,	Maryland
25		ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
	B A 2201 WE VAN	booten a.	Mitchell-W	iedefeld l	Home, Inc.
VS	150-REV. 1/1/65	C. VCWW,	0500 York	Hd. Balt.	imore 21212

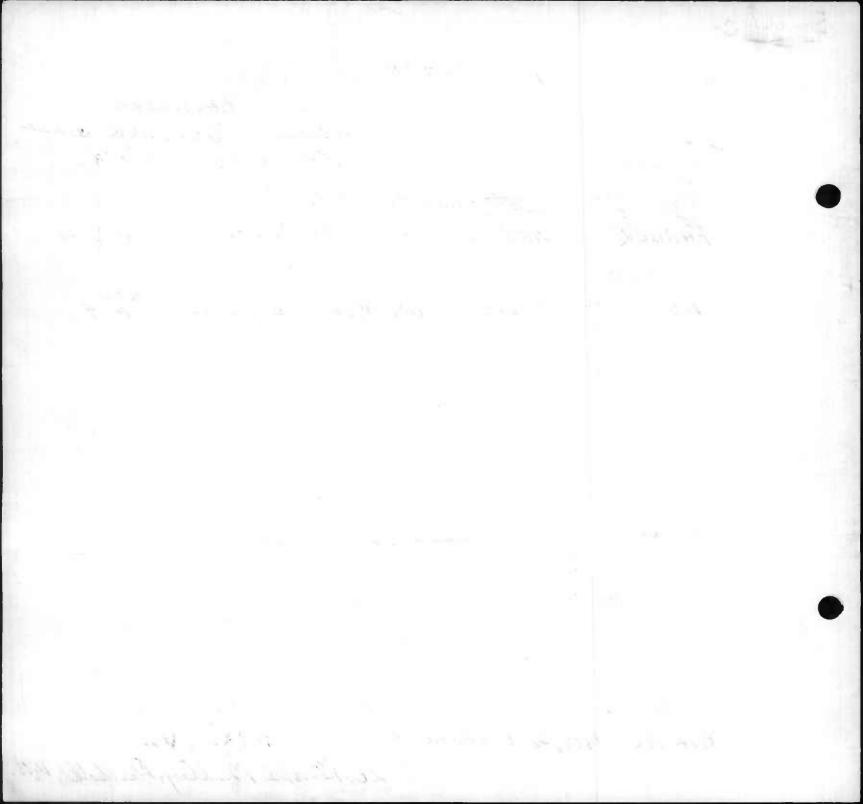


00 11500	BALTIMORE CITY HEALT	TH DEPARTMENT		
MIRTH NO. 66 11533	CERTIFICATE (OF DEATH	Registered No.	66 11533
T. NAME OF DECEASED Shifflett Danie	TERCH	1 1 1	6 66	830
PLACE OF DEATH IN BALTIMORE, MA LAND	4. USU A. STA	UAL RESIDENCE (Where	deceased lived. Il instit	ution: residence belare admission
FULL NAME OF (If not in hospital or institution, g HOSPITAL OR oddress or locotion) NSTITUTION		aryland	BALTIM side city limits, write RUR	ORE (s)
3	Be	REET ADDRESS (If r	DUND urol, give location)	ALK 21222
The Johns Hopkins Hospi		440 Yardle		53-00
EX 6. RACE 7. MARRIED,		E OF BIRTH	. AGE (In years	Under 1 Yr. II Under 24 Hr. Aonths Doys Hours Min.
Male White Marking USUAL OCCUPATION (Give kind of work) 108, KIND OF	d WIDOWED 10/	/31/81	85	2. CITIZEN OF
ne during most of working life, even if retired)	The state of the s	11. 2 -	·	WHAT COUNTRY?
FARNER, HER)	PULTURE 14. MG	VIKGIN OTHER'S MAIDEN NAM		U.S.A.
*** 7.7 *		T- : 01		
William . Wos Deceosed Ever in U. S. Armed Farces?		Jannie Sl ORMANT	nirrett	ADDRESS
es, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	ANOHE	MADDIS	SEE
18. 5 78 XI	CAUSE OF DEAT	ANOHE		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Marken	Espiratory Failure	Arrest	5 min
(This does not mean the mode of dying, e.g.,	DUE TO	espiraroug !	11,03	J MIN
heart foilure, asthenia, etc. 11 means the disease, injury ar complication which coused death.)	Dancel	Failme		3 dans
ANTECEDENT CAUSES	DUE TO	, vacare	A	3 days
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoting the	10 Perforati	on o) sigmoi	d colon	12 days
UNDERLYING CONDITION Iasi.		0		0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
		AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
A . I . I I	Sigmoid Colon		IN CERTIFYING CAUSE	S OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in or abo , lorm, factory, street, office blds	ut 21 C. WHERE DID	(If in Baltimore C	ity, give exact location)
DEATH (notily medical exominer) etc.)	,			
OF INJURY	e At Not While	21F. HOW DID INJU	IRY OCCUR?	
(APPROX.) Work			11	
22. I certify that (this hospital) attended the			966 10 NOV	n death occurred on the do
ond hour and from the causes stated above.			· (our) opinio	in death occurred on the do
23A SIGNATURE	(/ (/) / (/) / (/)	0 000, 01101 0001111	23	B. DATE SIGNED
arthur C. Burder	M.D. Attending Phys.		Stall Phys.	11/16/66
23C. PHYSICIAN'S NAME (Type)	23 D. AD	DRESS		
Arthur C. Burdett			okins Hospi	
REMOVAL (Specify)	ME OF CEMETERY OF CREMATOR	24D. LC		tawn, or county) (State)
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME O		FUNERAL DIRECTOR	YKE, V)	ADDRESS
NOV 17 1966 (P.O. A.	Entailey HA 7/1	12 160	13. 10	D. 1.00 40

NOV 17 1966 258. NAME OF

VS 150-REV. 1/1/65

Budley, Purdall, 4d.

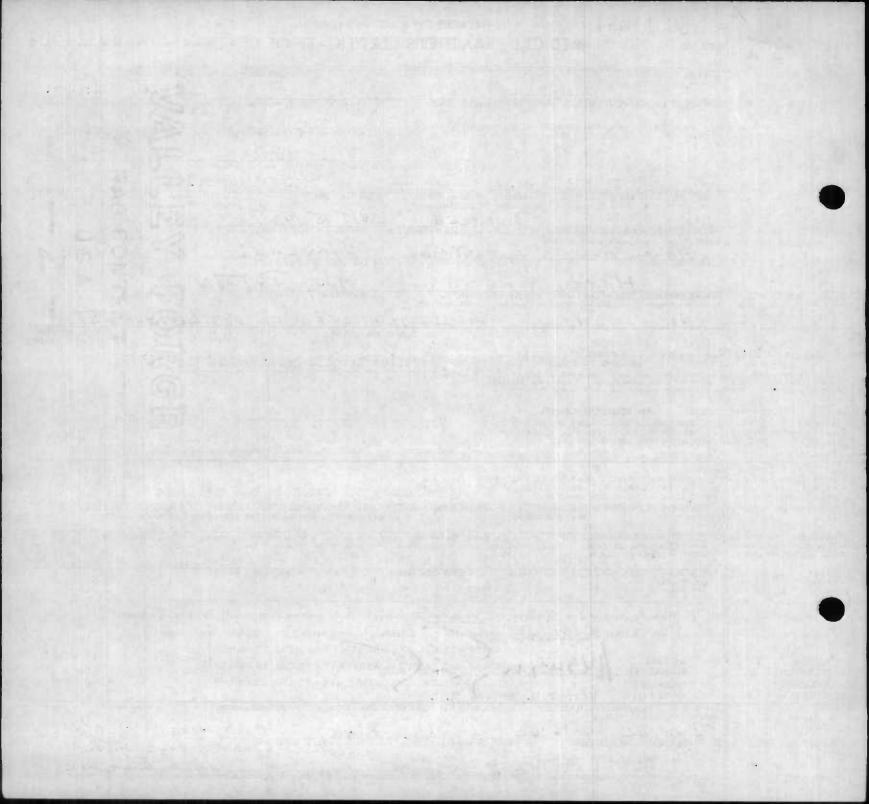


BALTIMORE CITY HEALTH DEPARTMENT

			66	115
C-	25	BIRTH	NO.	

MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH Registered No.	66 1153
MILDICAL LAAMIINEN S	CENTILICATE OF	DE/~ 1.09.0.0.00 1.01.	

WIRT	H NO.	14/1	EDICAL EX	AMINER 3 CI	KIIICAI	EOFL	EMIN Kegistered No.	00.110014
M.I	L CASE NO.							
1. 1	NAME OF DEC	EASED				2. DATE AND	HOUR PRONOUNCED DEAL	
LTY	pe or Print)	Rola	nd King				11/13/66	11:00 a.M.
3. P	LACE IN BALT		O, WHERE PRONOU	NCED DEAD	4. USUAL RESIDI	ENCE (Where of	deceased lived. If institution: re B. COUNTY	
HO	L NAME OF	(IF NOT IN HO ADDRESS OR L	SPITAL OR INSTITUTO	TION, GIVE STREET	C. CITY OR TOW	ryland /N (If outside	corporate limits, write RUBAL	
					D. STREET ADDR	ltimore		-01
	00	1522 Holl	ins St.				lins St.	
5. S	EX	6. RACE	7. MARRIED, 1	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years If Und	er 1 Yr, If Under 24 Hrs. s Doys Hours Min.
1	male	white	7	reed	SEPT. 15	1904	62	
		PATION (Give kind of vorking life, even if reti		BUSINESS OR INDUSTRY	. /	State or foreign	WH	ZEN OF AT COUNTRY?
	HAND		- Comments	uSTRIAL	MARG	1641	4	1-5-A
13. 1	ATHER'S NAM	E }			14. MOTHER'S NO	AIDEN NAME		
		HARRY	1 KING		MARI	, PA	TTen	
15. \ (Yes	WAS DECEASED	O EVER IN U.S. AR	MED FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	SS
	NE	NoNO		212-05-2272	HELEN E.	Mrich	1930LENGE.	v St.
	18.	1 24.0	221	CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
1	T DISEAS	E OR CONDITION	N DIRECTLY					
		LEADING TO DE	ATH	Arterio	sclerotic	cardio	vascular diseas	e
	heart failure,	ot meon the mode osthenio, etc. It m application which cou	eons the diseose,	DUE TO				
								THE STATE OF STATE OF
		NTECENDENT CA		(B)DUE TO			***************************************	
	RISE TO THE	E ABOVE CAUSE (A	A) STATING THE	505 10				LAYE BUILDING
z	ONDEREN	io combinion ex		(C)		•••••		
JT.		II			198-15-03	T 84.74		
CERTIFICATION	TO THE	DEATH BUT NOT	ONS CONTRIBUTING RELATED TO TH	_	v tubercu	logica	nd emphysema	Maria Carlo
RTIF	DISEASE OF	CONDITION CAU						CONCIDENCE
CE	IYA. DATE OF		PERFORMED	HICH OPERATION	no		ROB. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	
CAL	21 A. EXTERNAL		21B. P	LACE OF INJURY (e.g., i	n or obout 21 C. W	HERE DID (1	f in Boltimore City, give exoct	location)
EDI	UTING CAU		etc.)			o d d d a.		
Σ	21D TIME OF INJURY	(Month) (Doy)	(Yeor) (Hour) 21	E. INJURY OCCURRED	21 F. H.C	M DID IN10	RY OCCUR?	
	(APPROX.)		m. W	ORK NOT AT W	ORK			EN THE THIN
	22. 1 cert	Ify that I held an	Inquiry 🗌	Inspection X Aut	apsy and	that on this	s basis, death In my apini	on
	resul	ted from: Natura	I causes X A	cldent Suicide	Hamicie	de 🗌 U	ndetermined manner	
		1.1.	. (-//	CHIEF ME	EDICAL EX	AMINER 🗌	DATE SIGNED
	SIGNATI		rug in	7 ~ (40	ASSISTANT ME			DATE SIGNED
	EXAMIN			5/	ASSOCIATE M			11/14/66
00.1	NAME (er U. Spit					
	BURIAL CREA MOVAL (Specify		E 23C	. NAME of CEMETERY o	CREMATORY	23 D. LC	CATION (City, lown, or	county) (State)
2 4 4	Burg		16-66	Loudan	PARK		ALTIMORE	Md.
24A	. DATE REC'D	BY HEALTH DEPT.	24B. NAME C	PF REGISTRAR	GEO-L	L DIRECTOR	AS FUNERAL .	HOTE
	1	RUV 17 198	56, R. Bre to	E. Farkuna	Heave	o W. Mil	Con 2101 Freder	ch ave
1/6	151-BEV 1/1/			0 11 11		1 1		



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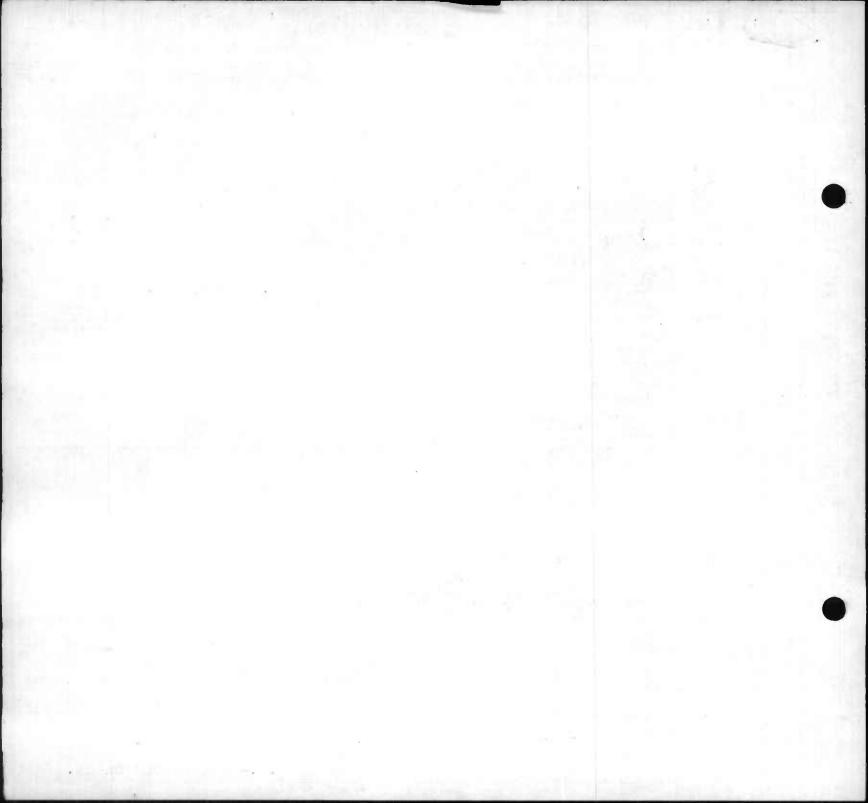
66 11535 Registered No. CERTIFICATE OF DEATH sistant if death occurred in a hospital and the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased Such on the M.E. CASE NO. 2. DATE AND HOUR OF BEATH (Type or Print) 1 ERDY SNOOPS NOV. 14, 1966 death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE attendance the direct or contributing cause FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give 0 prior (If rural, give location) CHARLES D. STREET ADDRESS 1200 NORTH regular mad 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 5. S EX If Under 1 Yr. Months: Doys 6. RACE deceased Wh WIDOWED, DIVORCED (specify) lost birthdoy 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 1. BIRTHPLACE (State or foreign country) isposition done during most of working life, even if retired) = 0 13. PATHER'S NAME MOS the 4. MOTHER'S MAIDEN NAME death LO 0 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or doles of service) 17. INFORMANT Mrs./Florence D. Sn8005 V6. SOCIAL final SECURITY NO. ance (Same) any INTERVAL BETWEEN pronounced OF ONSET AND DEATH attend A So, DISEASE OR CONDITION DIRECTLY embalmed A fracture of LEADING TO DEATH 2 451. ARTERU (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or complication which coused death.) DUE TO ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, il ony, giving PULMONARI EM PHYSEMA (2) rise to the obove couse (A) stoting the = physician remains UNDERLYING CONDITION lost. chief medical Was a medical (2) Body burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the WAS PERFORMED to the hospital by 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) approved by the where OR CONTRIBUTING CAUSE OF °Z DEATH (notify medical examined) any nature; MEDIC obtained (Hour) (Month) (Dov) (Year) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 (except ; and (6) OF INJURY Not While While At (APPROX.) At Work Work 19 GC 22. I certify that (1) (this hospital) attended the deceased from A:30 9 219 Commond that in (my) (our) opinion death occurred on the date that (1) (we) lost saw the deceased alive on.... An accident of eath) hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must the body was released 23A, SIGNATURE 238, DATE SIGNED Attending Med. 0 & Ch Eug Phys. Director approval 0 prior 23C. PHYSICIAN'S 23D. ADDRESS at NAME (Type) HENRU DARK AUBRUE SCHEYE D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased Burial (Specify) shows: 11-17-66 Lake View Cem. Baltimore, Md. Was 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR 25B. NAME OF REGISTRAR ADDRESS .D.-4101 Edmondson Av. VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

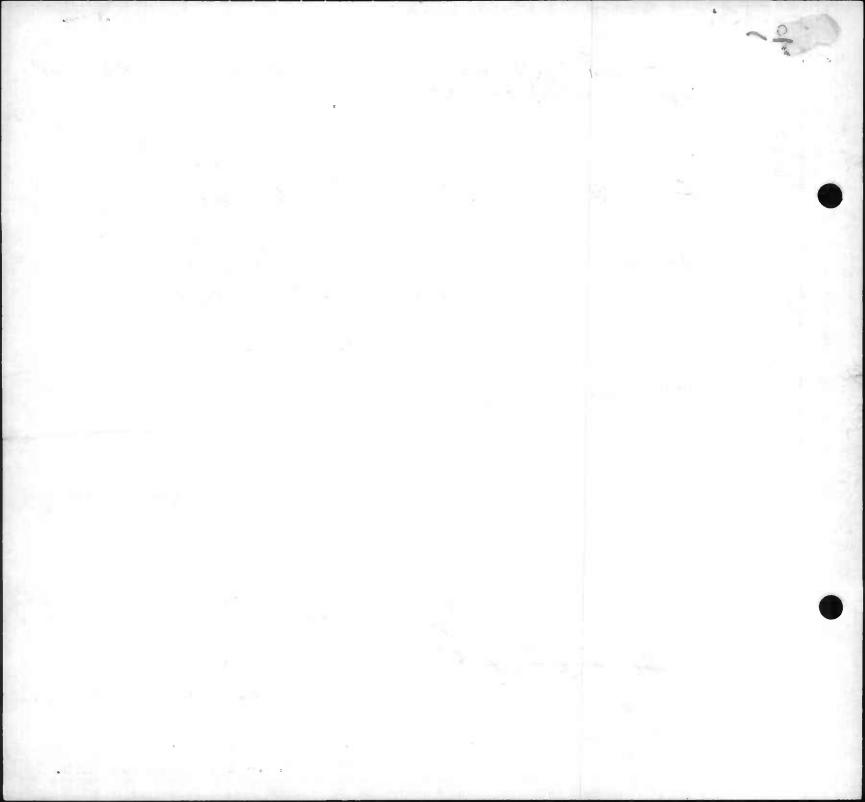
BALSO

Hours !



BIRTH NO. 11536 Registered No. CERTIFICATE OF DEATH of death Deceased M.E. CASE NO. 2 DATE AND HOUR OF DEATH (Type or Print) institution: residence before (If outside city limits, write If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact tocotion) and that in (my) (our) opinion death accurred an the date 23 B. DATE SIGNED was D.O.A. deceased written ap (City, lown, or county) Mt. Calvary Elco, Penn. Cem. E1 Witzke F.D.-4101 Edmondson VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

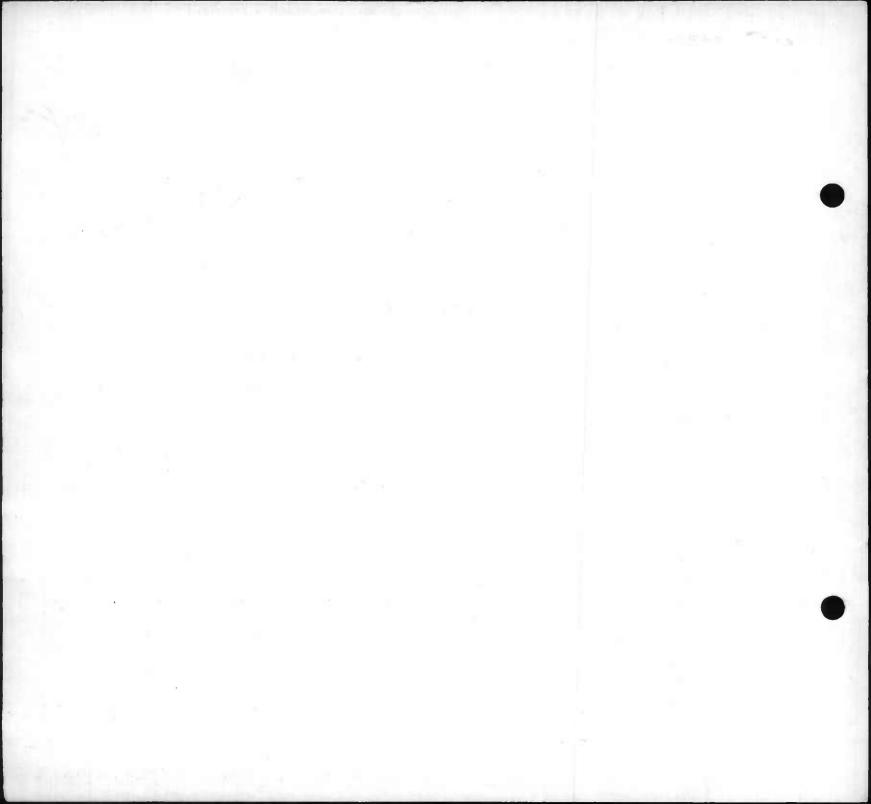


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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BALTIMORE CITY HEALTH DEPARTMENT 66 11537 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH HO WAPD NOVEMBER 15, 1966 JAMES USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE 8. CDUNTY FULL NAME DE (If not in hospital as institution, give street HDSPITAL DR address or location) C. CITY OR TOWN (If outside city limits, write RU) give township! INSTITUTION OF MARYLAND BALTIMORE D. STREET ADDRESS (If rurol, give location) 225, CREENE ST. 21201 WHATCOAT 206 5. SEX 6. RACE 9. AGE (In years MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. Months: Days II Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthday NEGRO DEC, 4, 1923 M MEVER MAPPIED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MARYLAND U.S. A HUCKSTER FOOD 14. MOTHER'S MAIDEN NAME CHARLES NANNIE 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO UNKNOWN KANNIE 1206 WHATCOAT STO 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IN BACTERIAL PNEUMONITIS (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injuly of complication which caused death,) ALCOHOLIC ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving ALCOHOLISM 101 CHRONIC rise to the obove cause (A) stating the UNDERLYING CONDITION last. Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DELERIUM TREMENS, TO THE DEATH BUT NOT RELATED TO THE CHAND MAL EPILEPSY DISEASE OR CONDITION CAUSING IT. 3 DAYS UPPER CI BUEBAING 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 5 NO 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, larm, foctory, street, olfice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING _ CAUSE OF DEATH (notify medical examiner) 21 D. TIME OF INJURY (Hour) 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 21E, INJURY OCCURRED Not While While At (APPROX.) Work At Work 22. I certify that (+)(this haspital) attended the deceased from NOVENBER 13 1966 to NOVEMBER 15,19 66 that (1) (we) last saw the deceased alive on NOVENBER, 15 19 66 and that in (my) (eve) opinion death occurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A, SIGNATURE 23 B. DATE SIGNED Attending Phys. Stoff man, 15, 1966 Director Phys. 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) HOSP ITAL UNIN. OF J M.D. 24A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify) BALTIMORE BURIAL 66 LION CEMETERY LARYLAND 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

Agizab. H Talahh

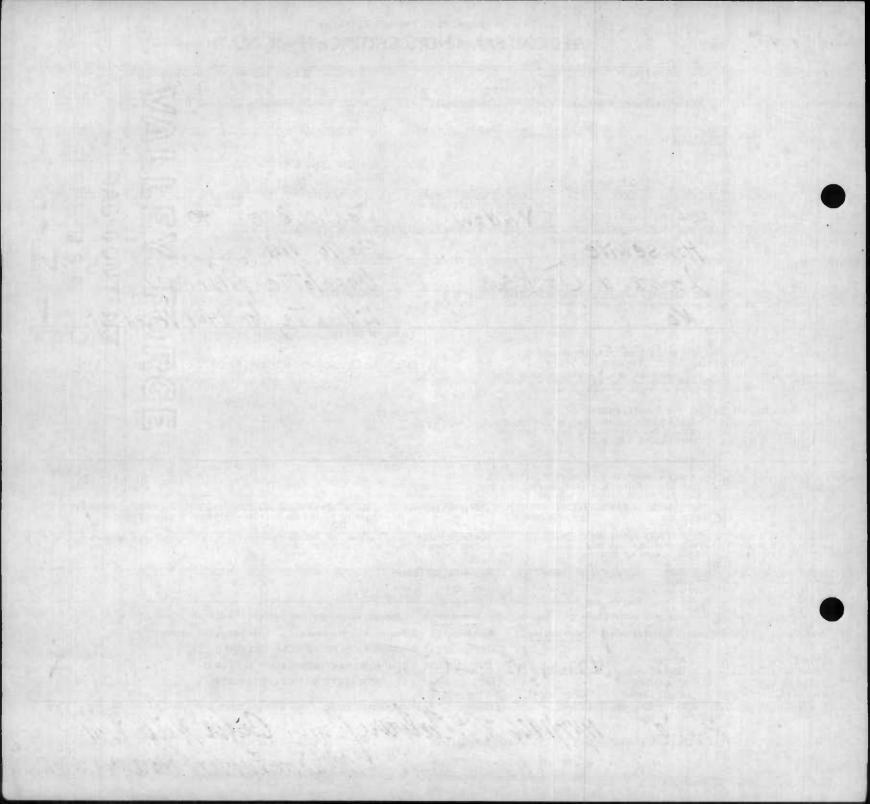
i ma	BALTIMORE CITY HEALTH DEPARTMENT	1.0 1 4.00
2002	M.E. CASE NO. 66 11538 CERTIFICATE OF DEATH	Registered No. 66 11538
ased the the Such	1. NAME OF DECEASED	AND HOUR OF DEATH
F. 6	James Darnes	Sr64 Where deceased lived, If institution; residence before odmission)
(5) D ance deat	A, STATE B. CO	YINUC
dar d	HOSPITAL OR oddress or location) HOSPITAL OR oddress or location) C. CITY OR TOWN (I	f autside city limits, wile RURAL and give to in hip)
ng cause o cause; (5) D attendance ior to deat	D. STREET ADDRESS	(If rurol, give locostan)
- L .	Bar-wil-Ba Convalescent 1722	Die Keland St-
trik min gul sed	MAR NEARD WIDOWED, DIVORCED (specify) MAR NEARD MARRIED (SEP.) 10-22-190	9. AGE (In years last birthday) 66 75. If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
det in ion		foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A
4) Un was the sposit	13. FATHERS NAME	
irec (4) h w lispo	James Alex Barnes Mary 15. Was Decessed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	BOYER
kind; kind; death ce on nal di	13. Mas pacaosad rael III of 2 William d Jourses:	
- E	anknown 218-05-1827 EVELYN +	DISTANCE 1722 DUKELAND ST
Also, if ure of any oncounced attendan	DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH
Also noun atter	LEADING TO DEATH (A) Metastatic sau	amous Cell
oron ar bair	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. 11 means the disease, injury or camplication which caused death.)	ebly from
35 03	ANIECEDENI CAUSES	wer esophusus
A S O	DISEASES OR CONDITIONS, if ony, giving	
	LIMBER VING CONDITION I	
medical e / burns; (3 physician an was in	, II	
bu bu bu bu hy in	TO THE DEATH BUT NOT RELATED TO THE	2056
od)	198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of WAS PERFORMED)	
tal by e; (2) Bo here the	218. PLACE OF INJURY (e.g., in at obout 21C. WHERE DI hame, faith, factory, street, office bidg., INJURY OCCUI	(If in Boltimore City, give exact location)
he he	OR CONTRIBUTING CAUSE OF hame, faim, factory, street, office bldg., INJURY OCCUI	
hospital nature; (ept whered (6) No ained bet	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID OF INJURY While At Not While	INJURY OCCUR?
	(APPROX.) While At Not While At Work	
+ (×) o d	22. I certify that (I) (this hospital) attended the deceased from I L 1	1966 10 11-15- 1966.
5 P P C P		d that in(my) (aur) apinian death accurred an the date
dent ospit deat must	23A. SIGNATURE	23B, DATE SIGNED
election in hot to to to all m	Man Miles Physical Ph	Stoff Phys. 1175-66
		Α
y was r (1) An a 3.A. at d prior	C-R. Campbell, M.D. 1618 W. Nort	h Ave, Baltimore, Md.
700-		City, town, or county) (Stole)
the bod shows: was D.C decease	BURGA 11-19-66 MT. HUBURN CEM.	BALTINORE, MARYLAND
show was dece	NOV 17 1965 ASD G. S. T. C. MAT GEBEGET	KELSON 1348 CALHOUN ST
	VS 150-REV. 1/1/6S	



1	66 11539	MORE CITY HEALTH DEPARTMENT	66 11539
P+ Po P+	M.E. CASE NO.	TIFICATE OF DEATH Registered No	
pital and of death Deceased to on the ath. Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	966 11:00AM
f d d d d d d d d d d d d d d d d d d d	FISHER, James Harvey 3. PLACE OF DEATH IN SALTIMORE, MARYLAND	November 14,1	
hospita ise of (5) Dec ance o death.		A. STATE B. COUNTY	
	FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits write RUR)	AL and give town (II)
in a hosp ng cause cause; (5) attendancior to dea	Vetzens Administration Hospi	ital Baltimore	-Od.
ting d cau d cau	3900 Loch Raven Blvd.	D. STREET ADDRESS (If rurol, give I cotion	
de radi	Baltimore, Maryland 21218	304 Arlington Ave	
occurre ontribut ermined regular eased p	5. SEX 6. RACE 7. MARRIED, NEVER MARI WIDOWED, DIVORCED Widowed	(specify) 6/5/93 lost birthday) M	Under 1 Yr. If Under 24 Hrs. onths Days Haurs Min.
det in ion ion	done during most of working life, even if refired) Produce Man (Ret.) Produce	Baltimore, Maryland	2. CITIZEN OF WHAT COUNTRY?
TI DE AV	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
irec (4) (4) th ispo	Dennis Fisher	Julia Ransom	
the direct kind; (4) ideath we death we nce on the	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dotes of service) 16. SOCIAL SECURITY	AND DETTIMOLE	ch Rayen Blyd. re, Md. 21218
	Yes 9/25/17 To 7/1/19 218-05	CAUSE OF DEATH	INTERVAL BETWEEN
C 0 + E 0 D	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
Also, re of noun atter	LEADING TO DEATH (This does not mean the made of dying, e.g.,	A) Gastric ulcer, recurrent hemorrh	age 4 weeks
ctur ctur ar bal	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	Arteriosclerotic cardiovascular	77 (20)
ine ine ine ine	ANTECEDENT CAUSES	B) heart disease with congestive hea	rt 10 years
A f who	DISEASES OR CONDITIONS, if any, giving	failure	
9 S E E	rise to the above cause (A) stating the (A) UNDERLYING CONDITION to st.	O Uremia secondary to A and B	4 weeks
ical tal 15; cia as as	11		
edice burr hysi n w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA WAS PERFORMED		
dy dy cia	U 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERA	ATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINE	DINGS CONSIDERED
chief by a m Body the p hysicia	WAS PERFORMED	Yes Ves	
5 - 4 5 - 5	OR CONTRIBUTING CAUSE OF	NJURY (e.g., in or obout 21 C. WHERE DID (If in Baltimore City, street, office bldg., INJURY OCCUR?	ty, give exact location)
	DEATH (notify medical examine) etc.)		
	21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCC	Not While	
> = v Ti Ti	(APPROX.)	At Work	
	22. I certify that (1) (this hospital) attended the deceased	from October 26, 19 66 to Novem	ber 14 19 66 .
app to the of an al (e h); c be ol	that (2) (we) last saw the deceased alive onNov.emb	er 14 19.66 and that in (XX) (aur) apinian	a death accurred on the date
sed to ant of apital eath)	and hour and from the causes stated above. (1) (We) (did)		
ad de de	23A. SIGNATURE	AAD Attending Med Stoff	B, DATE SIGNED
a to	23C, NYS COMP	Phys. Director Phys.	November 15, 1966
y was r y was r 1) An a 3.A. at d prior	NAME (Type)	Weterans Administration Hos 3900 Loch Raven Blvd, Balto	pital Md. 21218
ific My dp	JAMES LOUIE 24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEME		OwnCor county) (State)
	BILLING (Specify)	National Bon Bulla YI	W.
the bod shows: was D.G decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
the the the show was dece	NOV 1 7 1966 A 7 6 0 701	2003 Midliam Funeral House?	31991 Schrocaly Se
	VS 150-REV. 1/1/65	The state of the s	1-11424444-44154

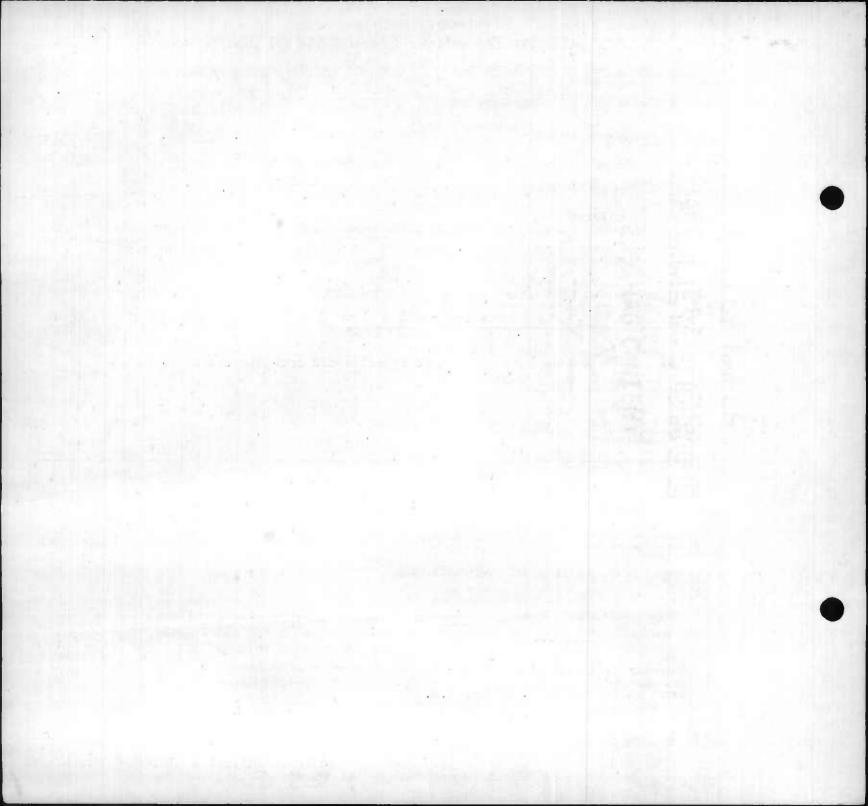
and very self 201024 12 1 tlu. a size Pas • • • • •

81RTH NO.	1540 MED	ICAL EXAMINER'S			FΔTH Regist	66 11540
M.E. CASE NO.	MILD	ICAL LAAMIITEKS	CERTIFICAT	LOID	EATT Region	
1. NAME OF DECI	EASED			2. DATE AND	HOUR PRONOUNG	DED DEAD
trype di tilili		Charlotte Houston			11/1	4/66 1:10 a. M.
3. PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDE	NCE (Where d	eceased lived. If ins	stitution: residence befare admission) UNTY
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOW	altimor	corporate limits, wri	te RURAL and give township)
001	421 Ward St.			1421 Wa		
16	colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
IOA. USUAL OCCU	PATION (Give kind of wor	NOB KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE AS	State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		Tako	14. MOTHER'S MA	IDEN NAME	M	
	EVER IN U.S. ARM El		17. INFORMANT	T. 1	/ Were	ADDRESS
18.	- 1	CALL	SE OF DEATH	1dy/0	1 /42/1	INTERVAL BETWEEN
(This does not heart failure, injury ar com AI DISEASES C RISE TO THE UN DERLYIN: OTHER SIGN TO THE I	E OR CONDITION D LEADING TO DEATI of mean the made of osthenia, etc. It mean optication which caused NTECENDENT CAUS OR CONDITIONS, IF A CONDITION LAST. II IIIFICANT CONDITIONS CONDITION CAUSIN OCEATH BUT NOT RE CONDITION CAUSIN	d (A) Arter DUE TO is dying e.g., death.) ES ANY, GIVING TATING THE CONTRIBUTING CLATED TO THE	iosclerotic	cardio	vascúlar d	isease
19A. DATE OF		NOTION FOR WHICH OPERATION REPORMED	20A. AUTOPSY?		OB. IF YES, WERE F N CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
O UNDERLYING UTING CAUS	OR CONTRIB-	21 B. PLACE OF INJURY (e.g home, form, factory, street, etc.)			f in Baltimare City, (give exoct location)
21D TIME OF INJURY (APPROX.)	(Manth) (Doy) (Yea	WHILE AT NO	D 21F. HO	ULMI DID W	RY OCCUR?	
result		Inquiry Inspection X A	Autapsy and and Hamicid	DICAL EX		
SIGNATU EXAMINI NAME (T	ER'S	er U. Spitz, M.D.	ASSOCIATE ME	EDICAL EX	AMINER	11/14/66
23A. BURIAL CREM REMOVAL (Specifyl 24A. DATE REC'D	11/17/	23C. NAME OF REGISTRAR	TO CREMATORY	2,6	after Ha	ADDRESS
VS 151-REV. 1/1/6	V 17 1966	7. 8. 168 Hallym	- Thelele	Apply Th	West /	Yane 31911. Selver



C-400

BIRTI	H NO. 66	11541 _{MED}	ICAL E	BALTIMORE CITY HEAL XAMINER'S CI		OF D	FATH Registe	66 1	1541
	CASE NO.	MED		WWW TENO C		01 0	L/ (111		
1. N	AME OF DE	CEASED			2, [DATE AND	HOUR PRONOUNCE	ED DEAD	
(Тур	e or Print)	Buc	k Col	Le			11/14	/66	6:24 p.
3. PL	ACE IN BALT	TIMORE, MARYLAND, W			4. USUAL RESIDENC	E(Where de	eceased lived. If insti	itutian: residen	I (VI)
FULI	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
INST	TUTION					. 1/1		11.	-04
3	7				D. STREET ADDRESS	Baltim	ore	//	
	Prov	ident Hospita	1				lloh St.		/
5. SI		6. RACE		NEVER MARRIED	8. DATE OF BIRTH	- 11000	9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.
ma	le	colored	WIDO WED,	DIVORCED (specify)			last birthdayl	Manths Da	ys Haurs Min.
		UPATION (Give kind of work working life, even if retired)	k 108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or foreign	country)	12. CITIZEN WHAT	OF COUNTRY?
	Labore		Co	nstruction	Virginia			11	SA
13. F	ATHER'S NAM	AE			14. MOTHER'S MAID				
	Charl	es Leroy	Cole		Alice				
15. W	VAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	
(Yes,	Yes	(If yes, give wor or date	es of service)	215-07-9791	Wma (1)	D	33 3000	W 0 22	
	18. 1 / 4	H H T			Mrs Class	ie Be	1302	McCullo	h St
CERTIFICATION	DISEASES RISE TO TH UN DERLYII	not meen the mode of asthenio, etc. It means implication which coused antecepent Cause OR CONDITIONS, IF A E ABOVE CAUSE (A) S'NG CONDITION LAST. II NIFICANT CONDITIONS RE R CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CAUSIN	contributi	DUE TO (B) DUE TO (C)	sclerotic c				
ERT	9A. DATE OF	OPERATION 198, CON		WHICH OPERATION	20 A. AUTOPSY? (Ye	es at No) 20	B. IF YES, WERE FIN	NDINGS CON	ISIDERED
	0				no				
MEDIC	UNDERLYING DE CAU	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	etc.)					ve exact lacat	lion)
i	OF INJURY (APPROX.)	(Manth) (Doy) (Yeo		WHILE AT NOT WORK AT W	WHILE	DID INJUR	Y OCCUR?		
	22. 1 cer	tify that I held an I	nquiry 🗌	Inspection X Aut	opsy and th	at on this	basis, death in m	ny apinlan	CALLES AND
	resu	ted fram: Natural ca	uses X	Accident Suicide	e Hamicide	Un	determined manne	er	
	ACTUA SIGNAT EXAMIN NAME (URE ALLTINE	U. Spi	M.D.	CHIEF MEDI ASSISTANT MEDI ASSOCIATE MEDI	ICAL EXA	MINER X		DATE SIGNED
	BURIAL CRE	MATION, 238, DATE		BC. NAME of CEMETERY o	CREMATORY	23D. LO	CATION (City,	town, ar cour	nty) (State)
B	urial	11/1	8/66	National Cem	et.mv		Baltimore	Md	
24A.	DATE REC'D		248, NAME		etry	DIRECTOR		ADI	DRESS
		10V 17 1966	Robert	E. Fasher Mil	Adolp	hus H	alstead l	206 W	North Ave
VS	151-REV. 1/1/	65	1 7	3 0 0	5 1 5 5	3 6			

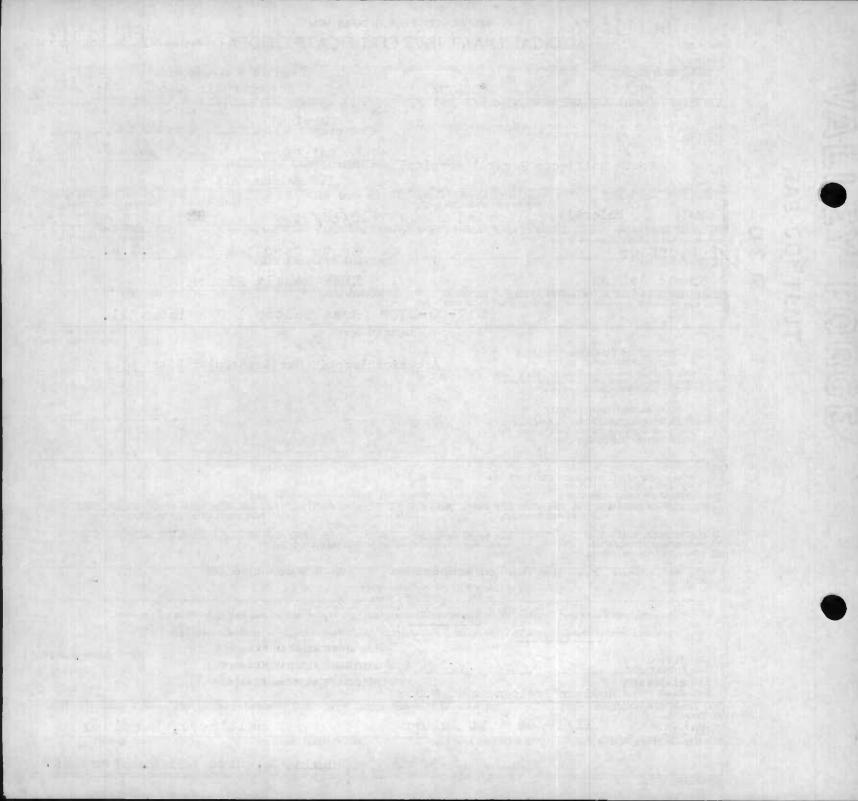


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6 11542	BALTIMORE CITY HEALTH DEPARTME

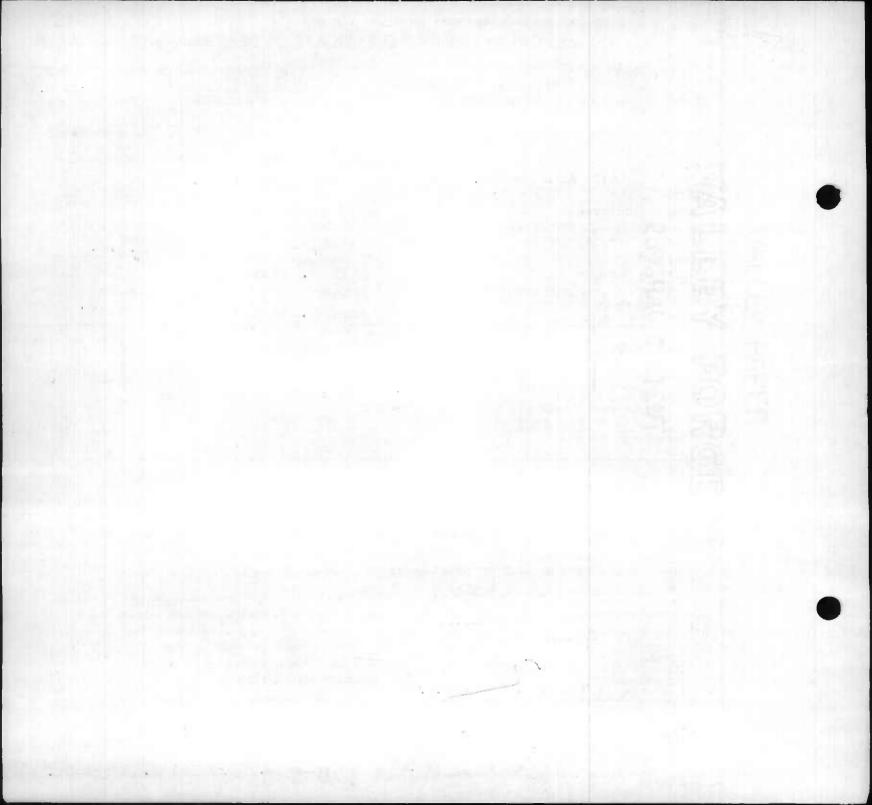
66 11542

MFDICAL EXAMINER'S CERTIFICATE OF DEATH RE 66 11542

BIR	IH NO.	MEL	JICAL EX	AMINER 3 CE	KHILIC	LAIE	וע זע	AIT Register	ed Na			
-	E CASE NO.											
	Pe or Print)		N. P. L. S. L.					HOUR PRONOUNCE				
	R	OLAND		BELTON		No	vemb	er 15, 1966		4:	24	P
3. F	LACE IN BALT	IMORE MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL A. STATE	RESIDENCE (Where de	ceosed lived. If instit	ution: resi	dence b	efore of	dmission)
FILL	LL NAME OF	HE NOT IN HOSP	ITAL OF INSTITU	JTION, GIVE STREET		Marylan						
HO	SPITAL OR	ADDRESS OR LOC	CATION)	THOM, GIVE STREET	C. CITY O	R TOWN (II	outside c	orporate limits, write	RURAL o	nd give	to wash	rip)
1143	/				- 1	Baltimo	re	2	2	0	/	
	1/2 S	outh Baltimo	ore Gener	al Hospital		ADDRESS (I		ve locotion)				
-	7					119 Wel	come	Allev				
5. S	EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF			9. AGE (In years	If Unde	r 1 Yr.	If Unde	r 24 Hrs.
	Male	Colored		DIVORCED(specify)	70/7	2/01		lost birthdayl	Months	Doys	Hours	Min.
LOA			Mari	BUSINESS OR INDUSTRY		.6/04	facel on	62	12. CITIZ	EN OF		1
		working life, even if retired		BOSINESS OR HADOSIKI	II. BIKIMPL	ACE (Sidle of	ioreign c	co unity i		T COU	NTRY?	
20	Chauff	eur			Sou	th Car	roli	na	U.S.	A.		
						R'S MAIDEN						
	Frank						ala :	Pitten				
		D EVER IN U.S. ARM		16. SO CIAL SECURITY NO.	7. INFORM	ANT			ADDRES:	Š		171
	No			217-05-2168	Ros	a Beli	ton	119 Welco	me A	l.		
	18.			CALISE	OF DEATH		_				VAL RE	TWEEN
	4	del 1										OEATH
	DISEA	SE OR CONDITION I		Artorio	201020	tio Cor	diam	ascular Dis	0000			
	(This does	not meen the mode	of dying, e.g.,	DUE TO	SCIELO	CIC Cal	u L O V a	ascular DIS	ease			
	injury or co	, osthenio, etc. It meo mplication which cause	d deoth.)									
		NITECENIDENT CALL	crc						1571			
45	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUF TO								*********			
	RISE TO TH	E ABOVE CAUSE (A)	STATING THE	DUE TO								
z	ONDERLIN	NG CONDITION LAST		(C)	******************							
2		II .										
3	OTHER SIG	NIFICANT CONDITION	S CONTRIBUTION	1G								
Ĭ.		DEATH BUT NOT I		HE								
CERTIFICATION	19A. DATE OF	OPERATION 198, CO	NOTION FOR V	WHICH OPERATION	20A. AU	TOPSY? (Yes o		B. IF YES, WERE FIN			RED	
1	0	WAS PI	ERFORMED		N	0	IN	CERTIFYING CAUSE	ES OF DE	ATH?		
		L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., in	or obout 2	1C. WHERE	DID (If i	n Boltimore City, give	e exoct lo	cotion)		
200	UTING CAU	OR CONTRIB-	etc.)	, form, foctory, street, of	ice bldg., II	ATORY OCCU	JR?					
ME	21 D TIME	(AAth) (D) (V	·) (H ·)]2	1E, INJURY OCCURRED	2	IE HOW NE	TALLIEN	0.661183				
	OF INJURY	(Month) (Doy) (Ye				IF. HOW DID	INJUKI	OCCOR:				
	(APPROX.)		m. V	VHILE AT NOT W	RK .							
	22.	tify that I held an	Inquiry	Inspection X Auto	nsv	and that	on this	basis, death in my	, aninia	n		
		ted fram: Natural										
	19501	rea fram: Natural c	GUSES A	ccident Sulcide		omlcide		letermined manner				
	ACTUAL	1//-	1701	77//		F MEDICA				DAT	E SIG	NED
	SIGNAT) Cloc	Milly M.D.	ASSISTAN	T MEDICA	LEXA	AINER 🖭				
	EXAMIN	IER'S	D	alan Kn 7	ASSOCIA	TE MEDICA	L EXA	MINER		1	1/10	100
22 A	NAME (Type)/Rudiger				av lo	200 100				1/16	
	MOVAL (Specify	v)	,	C. NAME OF CEMETERY OF	CKEMAIO	KT 2	23 O. LOC		town, or	,		Stote)
B	urial	17/7		Mt Aubyrn			Ba.	ltimore,	Mary	lan	d	
24A	. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. F	UNERAL OIRE	CTOR		A	ADDRESS	5	
	1	VOV 17 1968	12. Pr	E. Starber MA	Ch	arlas	A	Rice 661	W. E	ann	0 9	t.
1/2	101 0514 1014	101 - 1 1000	1100	000	7 1	dirds	***		110 7	, call	2	
A 2	151-REV. 1/1/	00		Y			4					



V 453	BALTIMORE CITY HEALTH DEPARTMENT 66 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No	11543					
	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD						
	(Type or Print) Virginia Valentine 11/14/66	11:25 p.m.					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: resilar, STATE 8. COUNTY						
	Maryland						
	HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL or INSTITUTION) Baltimore	nd give township)					
	D. STREET ADDRESS (If rurol, give locotion)						
	4724 Alhambra Ave. 4724 Alhambra Ave.						
		Days Hours Min.					
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) Alabama 12. CITIZ WHA U.S.	EN OF					
	Utridge King 14. MOTHER'S MAIDEN NAME Anna B. West						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknown) (If yes, give wor or dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Anna B. West 4724 Alhambre						
	18. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY Uremia						
	(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)						
	ANTECEDENT CAUSES Nephritis						
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
	(C)						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. (F YES, WERE FINDINGS CONDITION TO CAUSES OF DE						
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID lif in Boltimore City, give exact to home, farm, foctory, street, office bldg., INJURY OCCUR?	cotion)					
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
	22. Certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinion	a					
	resulted fram: Natural couses Accident Suicide Hamlelde Undetermined manner CHIEF MEDICAL EXAMINER						
	ACTUAL ACTUAL PAGE TANDED	DATE SIGNED					
	JIONAT OR E	1/15/66					
	23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or REMOVAL (Specify)						
	Burial 11/19/66 Mt. Calvery Brooklyn, Maryl						
	NOV 17 1966 P. D. B. E. Faller 194	ADDRESS					
	VS 151-PEV 1/1/45	arre St.					

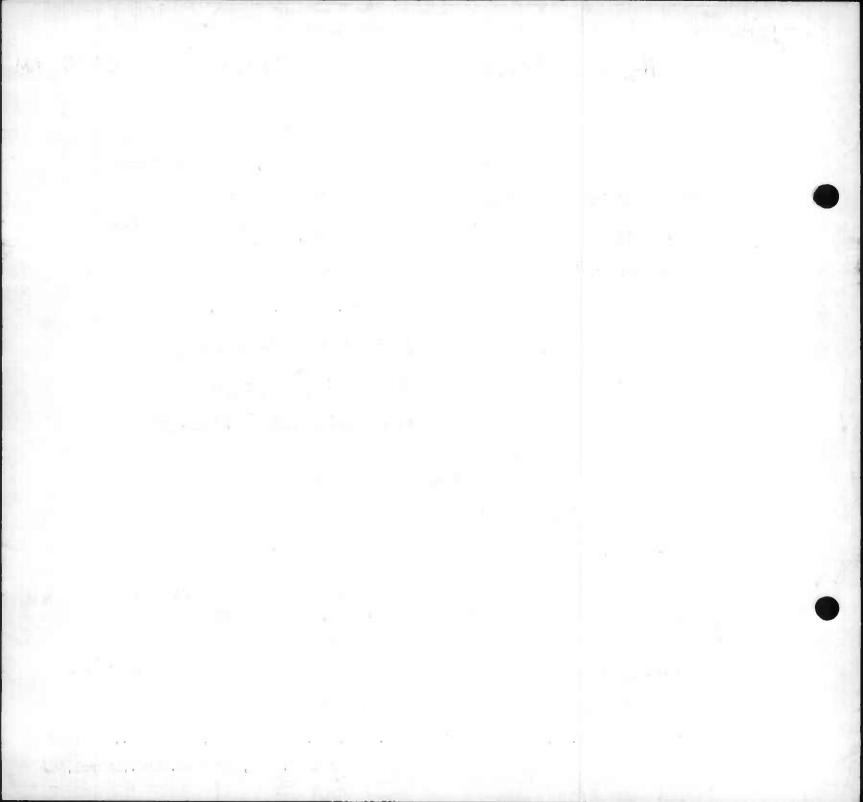


1.	40	BALTIMORE CITY HEALTH DEPARTMENT	Registered No. 66 11544
20	BIRTH NO. 66 11544	CERTIFICATE OF DEATH	Registered No.
Such	1. NAME OF DECEASED (Type or Print) No. SON Krise	2. DATE AN	GIGG SEATH
eath.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Whe	re deceosed lived. If institution: residence before admission)
7	FULL NAME OF (If not in hospitol or institution, give st HOSPITAL OR oddress or tocotion) INSTITUTION		I side city limits, write RURAL and give township)
1 10	33	Elkridge D. STREET ADDRESS	
prior le.	The Johns Hopkins Hospital		Sherwood Acres
-0	5. SEX 6. RACE 7. MARRIED, NEVE WIDOWED, DIV	R MARRIED B. DATE OF BIRTH	9. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) Months: Doys Hours Min.
eceased on is ma	Male White Married	3/5/28	38
ece	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSH done during most of working life, even if retired)		WHAT COUNTRY?
e d	Machinext 13. FATHER'S NAME	Cresson, Penn	a
n the dec	Bennett Krise	Mary Wean	or
0	15. Was Deceased Ever in U. S. Armed Forces? 16.5	DCIAL 17. INFORMANT	ADDRESS
final	NO ****** Unk		rise , same as #4
attendance Imed or final	18. 410 X 1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
tter	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Mitral Ensuff	iciency
0 0	(This does not mean the made of dying, e.g., heart lailure, asthenia, etc. 11 means the disease,	500 10	9
regular re emba	injury or camplication which caused death.) ANTECEDENT CAUSES	BAtrial Fibrilla	tion
reg re e	DISEASES OR CONDITIONS, if any, giving	DUE TO	
C 0	rise to the above cause (A) stating the UNDERLYING CONDITION last.	10 Rheumatic Hear	1 bisease
was	_ 11		
		Renal Failure	
physician fore the re	194. DATE OF OPERATION 198. CONDITION FOR WHICH	OPERATION 20A. AUTOPSY? (Yes or No	208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
phys	U 21 A. ACCIDENT WAS UNDERLYING 21B. PLAC	E OF INJURY (e.g., In or about 21C. WHERE DID n, foctory, street, office bldg., INJURY OCCUR?	(If in Baltimore City, give exact location)
0 0	DEATH (notify medical examiner) etc.)		
and (6) No obtained be	S OF INJURY	RY OCCURRED 21 F. HOW DID INJ	URY OCCUR?
nd	(APPROX) Work	At Work	19 10 NOV 9 10 lo to
p o	22. I certify that (I) (this haspital) attended the dethat (ii) (we) last saw the deceased alive an 5:10		· · · · · · · · · · · · · · · · · · ·
t b	and haur and fram the causes stated abave. (1) (We		at miles (con) aprimen accent accented an ine date
death); must be	23A. SIGNATURE		23B, DATE SIGNED
0 0	Michard 6 Parry	M.D. Attending Med. Director	Stoff Phys. 2
rior	23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
d p	Richard Parry 24A. BURIAL CREMATION, 24B. DATE 24C. NAME 6	The Johns Ho	pkins Hospital OCATION (City, town, or county) (Stote)
eceased prior to rritten approval	BURIAL Nov.12,1966 Meadow	ridge Mem.Park, Cem. El	kridge, Howard Co., Maryland
dece	25A. DATE REC'D BY HEALTH DEPT. 1966, P. A. S. F.	ISTRAR 25C. FUNERAL DIRECTOR	

1966 Registrate

Parolit S. Wade, 550 Wash. Blvd., Laurel, Md

VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. PORTS MOUTH, L'AMEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 2 DATE AND HOUR PRONOUNCED DEAD 1. NAME OF DECEASED (Type or Print) DANIEL KING November 15, 1966 5:00 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Mary land FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township Baltimore D. STREET ADDRESS (If rural, give location) South Baltimore General Hospital 3810 Fifth Street B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED Months , Days , Hours , Min. WIDOWED, DIVORCED (specify) Male White 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? UDEN 13. FATHERS NAME 4. MOTHER'S MAIDEN NAME RMITA WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY (Yes, no prunknown), (If yes, give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH AMultiple Traumatic Injuries (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes MEDICAL 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, affice bldg., NJURY OCCUR? 21 A EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-

Street 21 D TIME 21E. INJURY OCCURRED (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 66 4:40P WHILE AT NOT WHILE

Jeffery Street E. of Fourth Street 21 F. HOW DID INJURY OCCUR? Deceased was Ped.

Undetermined monner

I certify that I held on Inquiry resulted from: Natural causes

22.

23A. BURIAL CREMATION,

REMOVAL (Specify)

Autopsy X Inspection Sulcide Homicide

23C. NAME of CEMETERY of CREMATORY

ond that an this bosis, deoth In my opinian

Pedestrian struck by auto

Accident X ACTUAL SIGNATURE.

CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER X

DATE SIGNED

EXAMINER'S Rudiger Breitenecker, M.D. NAME (Type)

ASSOCIATE MEDICAL EXAMINER

11/16/66

UR 24B, NAME OF REGISTRAR 24A. DATE REC'D BY HEALTH DEPT.

24C. FUNERAL DIRECTOR

ADDRESS

(City, town, or county

VS 151-REV. 1/1/85-

23D. LOCATION

MENTE PHERIELIE SOPTHS N/A Padamouth, UA Wash THORMAN H- KING - VEDIE N. BORDEAUS AIA MATherman King Same on BURGET WESTER Wilmington Notional Wilmington, Nice MINOSTERNATION LEWISCHILL

C-160 BIRTH NO.

M.E. CASE NO.

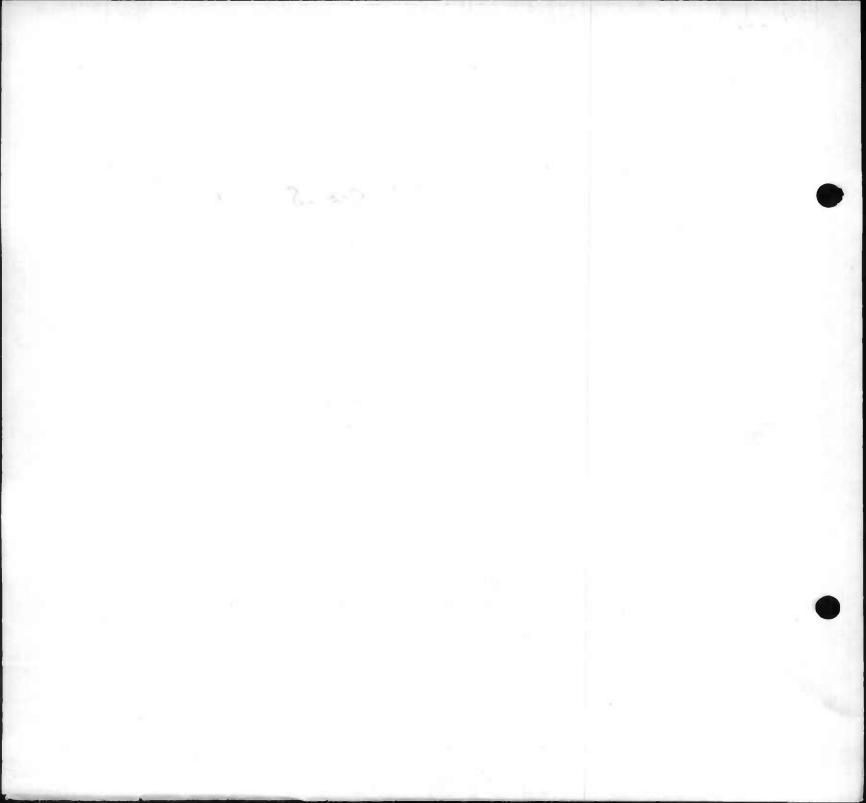
BALTIMORE CITY HEALTH DEPARTMENT

	00	4 4 1 3
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered	150	1154

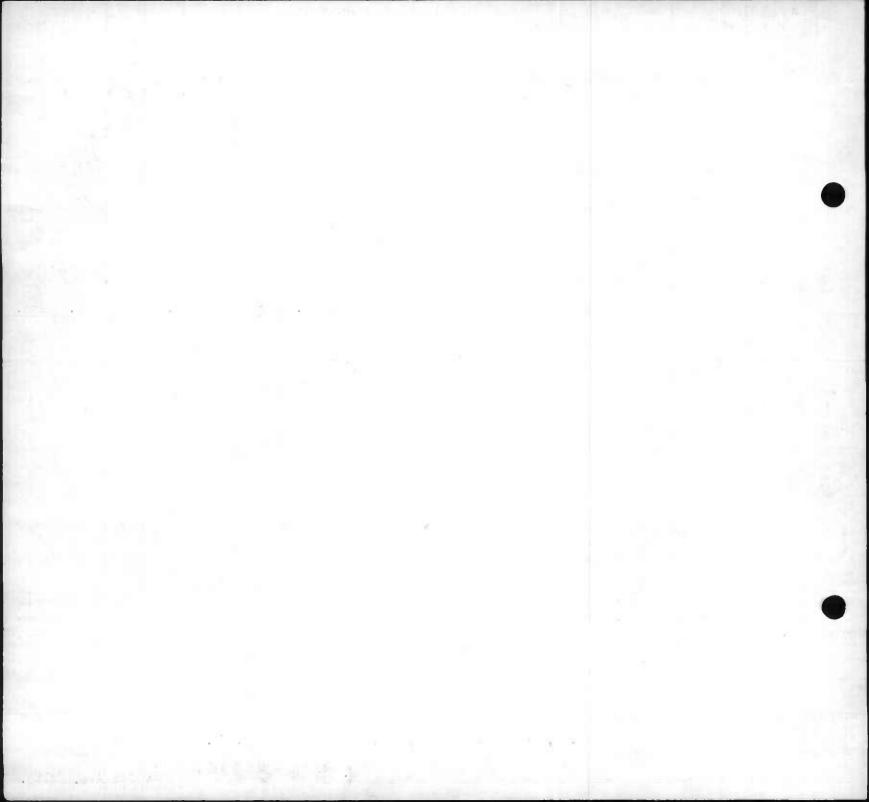
M.I	E CASE NO.	EKTITICATE OF DEATH, as a second
1, 1	NAME OF DECEASED	2, DATE AND HOUR PRONOUNCED DEAD
(Ty	Willie Cooper	11/14/66 6:45 p.
HO	I NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION) 12-23-66	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside carparate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give locotion)
-	University Hospital	· 655 W. Franklin St.
13. I	male colored 7. Married, Never Married Widowed, Divorced (specify)	B. DATE OF BIRTH 9. AGE (In years last birthday) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 17. INFORMANT ADDRESS Relaction to the property of the
NO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	SE OF DEATH Cral Pontine Myelinolysis Ly alteration of the liver
AL CERTIFICATION	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES
MEDICAL	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Manth) (Day) (Year) (Haur) 21E INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT NOT WORK AT W	21F. HOW DID INJURY OCCUR? WORK utopsy X ond that on this basis, death in my opinion de
	NAME (Type) Werner U. Spitz, M.D. BURIAL CREMATION, 238 DATE 23C. NAME of CEMETERY of COMMISSION OF REGISTRAR	
vs	151-REV. 1/1/65	- 1/12 100 & Theker 1129 11. Carring

	1-1-4	BIR	- Con	66	11547	BALT
	hospital and use of death (5) Deceased lance on the death. Such	M.1	E. CASE NO.	ASED 12-	ELEANO	
	of do	3. 1	PLACE OF DEA	TH IN BALTIM	ORE MARYLAND	1 3. not
	a hosp cause se; (5) andanc to dec		FULL NAME OF HOSPITAL OR NSTITUTION		n hospitol or institut or location)	ion, give street
	in gan	-	THE JOH	HNS HO	PKINS HO	SPITAL
4	ibuti ibuti ned lar d pr	5. 5	5 EX	6. RACE	7. MARI	RIED, NEVER MA
	h occurred ir contributing stermined ca regular att ceased prior n is made.		EMALE	NEGRO		IDOWED OF BUSINESS
	if death occurribution or contribution of the contribution is made or contribution or		duryng/most of w			
—	direct of the was the was an the disposite	13.	FATHERS NAM	NK SMI	TH	
IMPORTANT	assistant if death occurred if the direct or contribution my kind; (4) Undetermined of death was in regular fance on the deceased print final disposition is made.	15. (Ye:			Armed Forces? vor ar dates of servi	1 6. SOCIAL SECURI
APOR	his ass lso, if to of any unced tendan				TION DIRECTLY	
Z: IA	PASEE		(This daes no heart lailure,	asthenio, etc.		e.g., ose,
0	examiner. 3) A fractum who profin regular.		Α	NTECEDENT	CAUSES	
IREC	al exam (3) A an wh in re		DISEASES O rise to the UNDERLYING	obave co	use (A) sloting	ving the
FUNERAL DIRECTOR:	medica edica burns, hysici n was	ATION	TO THE DE	FICANT CONE EATH BUT IN CONDITION C		
NER	chief r g a m Body the p ysicia	ERTIFICA	19A. DATE OF	- Armini and a second	198. CONDITION F	OR WHICH OPE
5	y the cital by e; (2) By here the No phy before	CAL CE	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAUS	EOF	21B. PLACE OF home, form, foc etc.)
	roved by the hospital by nature; (xcept when the hospital) and (6) No btained bed	MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Do	y) (Year) (Hour)	While At Work
	approv to the It of any n II (exce n); and	, 1			hospital) ottend deceosed alive	11/1
	leased trident of hospital		and hour and		uses stated abov	e. (I) (We) (did
	releasec accident t a hospit or to dea			7. Jsm	at bag	
	rificate must be y was released (1) An accident).A. at a hospit d prior to deat approval must		NAME (Ty	F. 1		1G1
	This certif the body shows: (1) was D.O.A deceased	241	BEMOVAL (S		DATE 24	C. NAME OF CEN
	This certifue body shows: (1) was D.O. deceased	25A			DES (01.0	ME OF REGISTRA

BALTIMORE CITY HEA	CC 11EA1
M.E. CASE NO.	OF DEATH Registered No. 00 1104
TINAME OF PECEASED (Type or Print Elenote ELEANOR S. HOLMES	2. DATE AND HOUR OF DEATH 11-15-66 11.45 P M.
A. 5	ISUAL RESIDENCE (Where deceased lived. It institution: residence before admission) TATE MARYLAND
	SALTIMORE
THE JOHNS HOPKINS HOSPITAL	STREET ADDRESS (If rurol, give location)
	906 EAST BIDDLE STREET 21202
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED, DOWNED WIDOWED	ATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
	IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Trulewife	Denmurk &C
	NOTHER'S MAIDEN NAME
FRANK SMITH	MARY ROACH
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	ADDRESS ADDRESS
18. CAUSE OF DE	
DISEASE OR CONDITION DIRECTLY	Levere CHF Jew more
(This does not mean the mode of dying, e.g., DUE TO	
heort loiture, asthenio, etc. It meons the diseose, injury or camplication which coused deoth.)	Bubeles alternia 150
ANTECEDENT CAUSES (B) DUE TO	Buseres Uncernity / Jy
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) sloting the	ACIO COM
UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	0A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or of contributing CAUSE OF One, form, foctory, street, office betc.)	bout 21 C WHERE DID (If in Boltimore City, give exoct location) ldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not While	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work Not While D	
22. I certify that (I) (this hospital) attended the deceased fram	1966 10 11/15 1966.
that (I) (we) last saw the deceased alive on	19.66 and that in(my) (aur) opinion death accurred on the date
and hour and from the couses stated above. (1) (We) (did) (did not) view	the body after deoth.
23A. SIGNATURE Semont Rice M.D. Attending	Med. Stoff A
Phys.	Director Phys.
NAME (Type)	THE JOHNSHOPKINS HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATE PEMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25B. NAME OF REGISTRAR	ORY 24D. LOCATION (City, town, or county) (Stote) OLIVE ADDRESS SC. FUNERAL DIRECTOR ADDRESS
VS 150-REV. 100 17 1966 00 5 8 30 00 7	Jolabel, Ellekson 1929 M. Car Rais



. 66 11548	BALTIMORE CITY HEALTH DEPARTMENT	00
BIRTH NO. 66-24,74	CERTIFICATE OF DEATH Register	red No. 66 11548
M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF	DEATH
(Type or Print) Bab . Bay F	ttinger. 11-14-	166. 14:15A.
3. PLACE OF DEATH IN BALTIMORE MARYLAND	// I. USUAL RESIDENCE (Where decedsed	lived. If institution: residence before admission
	100	120-00
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location)		its, write RURAL and give township)
INSTITUTION	12) Librar 1	5421229
43	D. STREET ADDRESS (If who, give to	E 2/229
South Baltimore GE	nepal Hosp. 3/3 S. C.	Mins AVE.
5. SEX 6. RACE 7. MARRIED WIDOWE	NEVER MARRIED B. DATE OF BIRTH 9. AGE (In) lost birthdoy	
10A, USUAL OCCUPATION (Give kind of work 108, KIND O	BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)	W 3 2	WHAT COUNTRY?
	Baltimore	ma
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Z	Fnana	Flingen
15. Was Doceased Ever in U. S. Armod Forcas?	16. SOCIAL 17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	
	Frances P. Ettinger 3	13 S. Collins Ave. Balt
18. 754.5	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Λ	
LEADING TO DEATH	(B) Hayaline Member (C) Congental Ht. di	~>
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	
injury ar camplication which caused death.)	1 . 1 1	
ANTECEDENT CAUSES	(B) Payaline / Verralp	Leve
DISEASES OR CONDITIONS, if any, giving	0 10	
rise to the above cause (A) stating the	(c) Conglina HT. di	Mare
UNDERLYING CONDITION last.	· ·	
_		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	G	
DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED		S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
	140.	and dadded of beam.
OR CONTRIBUTING CAUSE OF	PLACE OF INJURY (e.g., in or about 21°C. WHERE DID (If in the lorm, factory, steet, office bldg., INJURY OCCUR?	n Boltimore City, give exact location)
▼ DEATH (notify medical examiner) etc		
O 21D-TIME (Month) (Doy) (Year) (Hour) 218	INJURY OCCURRED 21F. HOW DID INJURY OCCUI	72
S OF INJURY	ile At Not While	C
(APPROX.)		
22. I certify that (this hospital) attended to	he deceased from 1/-/3 1966 to	11-14-19-6
	11-14 19 66 and that in (-)	
mul sey (we) lost saw me deceased drive an	and that in (my)	(aur) apinian death accurred an the d
) (We) (did) (did nat) view the body after death.	
23A. SIGNATURE		23 B. DATE SIGNED
Do Abdul latit	M.D. Attending Med. Stoff Phys.	11-14-66
23 C. PHYSICIAN'S	23D. ADDRESS	11 1 1 0 0
NAME (Type)		h. D
D. pop our les	M.D. Sant Balf. gen.	Hosp. Bult. Md
24A. BURIAL CREMATION, 248. DATE 24CN REMOVAL (Specify)	AME of CEMETERY OF CREMATORY 24D. LOCATION	(City, town, or county) (State
	Loudon Park Cem. Balto. Md.	
	OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
NOV 17 1966 (R. S	LC LOO DE - DE A CO	
40,640	5 E No. Sevent 3 G. Thuman Schwab 35	12 Frederick Ave. Balt
/S 150-REV. 1/1/65		



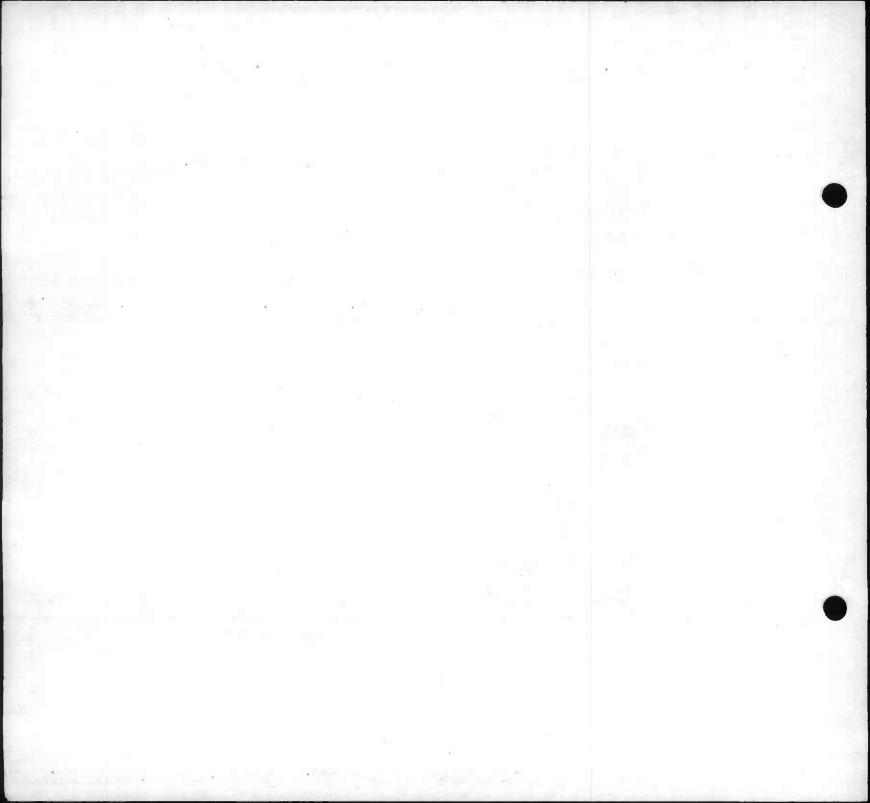
-12	BALTIMORE CIT	Y HEALTH DEPARTMENT
5	ME CASE NO. CERTIFICA	ATE OF DEATH Register No. 66 11549
Such	I. NAME OF DECEASED (Type of Print) (1) / / / / / / / / / / / / / / / / / / /	2. DATE AND HOUR OF DEATHS
Ť.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
deat	FULL NAME OF (If not in hospital ar institution, give street	MALYLAND
0	HOSPITAL OR address or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
prior e.	JOBELVEDERE NURSING	D. STREET ADDRESS (If rural, give location)
de.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH . Ca 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
eceased properties on its made.	WIDOWED, DIVORCED (specify)	2-21-1887 lost birthdays Manths Days Hours Min.
eced:	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR done during most of working lite, even il retired)	WHAT COUNTRY?
sitic	STOREKEEPER PATENT MEDICING	14. MOTHER'S MAIDEN NAME
the decision	SAMUEL MENDUN	RELLA AUER BACH.
P	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or upknown)(If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT MARION HALDERIND ADDRESS DEPE
final	NO 139-05-2	783 DANGHIEN TOWERS 504
attendance med or fino	18. DISEASE OR CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
atte	LEADING TO DEATH	Inantion
ar balr	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	Leno Carcinom J Storech (19 months
gul	ANTECEDENT CAUSES (B) //	eno Carcinom / Jone Ch
are	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C)	
- S	UNDERLYING CONDITION last.	2 2+
was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ne Reprenus
physician ore the re		20A. AUTOSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED
ysic e th	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
No phy before	OR CONTRIBUTING CAUSE OF hame, form, factory, street, etc.)	in or about 21 C. WHERE DID (If in Boltimore City, give exact location) affice bldg., INJURY OCCUR?
Contract Con	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
d (6) ained	OF INJURY (APPROX.) While At Not White At Work Not White At Work	
and	22. I certify that (I) (this hospital) attended the decleased from	april 1965 to 100 10 1966.
death); must be	and haur and fram the causes stated above. (1) (We) (did) (did nat)	
dea	23A SIGNATURE	23B, DATE SIGNED
\$ 		Itending Med. Stoff Phys. 11-16-66
rior	23C. PHYSICIAN'S NAME (Type) M.D. M.D.	1190 W. BELVEDERE
ased prior to ten approval	Herman J. Halperin 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF C	
decease	Burial 11/17/66 Hebrew Friend	ship Baltimore, Maryland
dec	NOV 17 1966 P. S. A. S. F. C.	Sof Levindon & Bros. Inc., 6010 REISTERSTOWN

Burial 11/17/66 Hebrew Friendship Baltimore, Marylan 25A. DATE REC'D BY HEALTH DEFT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR NOV 17 1966 P. Levinson & Bros. Inc., 6010 Maryland REISTERSTOWN VS 150-REV, 1/1/65

Paralle Comment of the Comment of th TO THE ELECT GLASSE MY M STATEREDAY PATE TOTAL FEATHERING OF STATER THERE MORNEY FELLA AND SHE! Themos It when A STATE OF THE STA

Such

66 11550	BALTIMORE CITY	HEALTH DEPARTMENT		CC 44EE0
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	00 11990
M.E. CASE NO. 1, NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	1
(Type or Print) Anna M. Diete	a		14, 1966	1081
3. PLACE OF DEATH IN BALTIMORE MA		4. USUAL RESIDENCE (Whe		institution: residence before admission
		A. STATE B. COUN		
FULL NAME OF (If not in hospital	or institution, give street	Maryland		4
HOSPITAL OR oddress or location INSTITUTION	3)	C. CITY OF TOWN (If ou		RUR L ond give township?
		Baltimore		4
2 2 Johns Hopkins Ho.	spital		rurol, give location)	
		401 N. Mont	ford Ave.	
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
FW	Widowed	9/23/1900	66	
TA. USUAL OCCUPATION (Give kind of world				12. CITIZEN OF
one during most of working life, even if retired)		0.1	44 4	WHAT COUNTRY?
Tavern Owner		Baltimore,	Maryland	USA
3. FATHER'S NAME				
Theodore Dempwolf		Clare Sturm	er	
5. Was Deceased Ever in U. S. Armed For	cos? 1 6. SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown) (If yes, give wor or dote		Mr. Albert E.	Thomason	22028 Baltiston
No	214-01-3363		Hompson	
18.420.11	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY	11.	7	
LEADING TO DEATH	(A) //C	UTE MYOCARO	IAC LNFE	RETA LOV
(This does not mean the made of heart failure, asthenia, etc. It means	dying, e.g., DUE TO		,	
injury at camplication which caused	death.)	LUTE MYOCARD Hempsclertx	Man V	
ANTECEDENT CAUSES	(B)	recusaling x	XXCLET	
DISEASES OR CONDITIONS, if	ony, giving	Dista		12
rise to the above cause (A)	stoting the (C)	CICOTE		10915
UNDERLYING CONDITION lost.	A			
_ [
OTHER SIGNIFICANT CONDITIONS OF				
DISEASE OR CONDITION CAUSING	IT			
19A. DATE OF OPERATION 19B. CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obout 21 C. WHERE DID	(It in Bottimo	ore City, give exact location)
DEATH (notify medical examiner)	etc.)			
O 21 D. TIME (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY	While At Not Whil			
(APPROX.)	Work At Work			
22. Leartify that (1) (this hospita	l) attended the deceased fram/	aug	19570	11/14 1966
that (1) (we) last saw the decease	ed alive an il/3	19.6.6 and th	at (n(my)) (aur) as	pinian death accurred an the da
	ted abave. (1) (We) (did) (did nat)		()	
23A. SIGNATURE	red abave. (1) (we) (ala) (ala har) v	new the body after death.		23B, DATE, SIGNED
25%. 31011411511	Karan M.D. Atte	ending Med.	Statt .	236. DATE SIGNED
our o	Mill. Phy	s. Med. Director	Phys.	11/17/66
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
LEON E.	KASSEL M.D.	3501 ST 6	PAUL ST	Briefo IS MN
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE			City, town, or county) (State)
REMOVAL (Specify)		and the second		
Burial 11/18/	66 Parkwood (emeter	y E	Paltimore,	Maryland
25A, DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	R	ADDRESS
NOV 1 7 1068	OSD 18- 8 Falling	John. A. Mona	n. Inc. 300	DE Balt: St.
WELV T 6 12111	IL IT AND THE KIND NEW YORKS WAS A	N'E	, -,	VIA INITIMARA



		66 11551	BALTIMORE CITY	HEALTH DEPARTMENT	4,	00 11:51
		'H NO.	CERTIFICA	TE OF DEATH	Registered Na.	pp 11991
	1. N.	AME OF DECEASED	E B	2. DATE AND	HOUR OF DEATH	1/11/10
		PLACE OF DEATH IN BALTIMORE MARYLAND	E. BURMA	A USUAL RESIDENCE (Where	MBER 15, 194	66 7143 FIM.
	3. 1	EACE OF BEATH IN BALLIMONS MARIEMAN		A. STATE B, COUNT	Υ	
	H	TULL NAME OF (If not in hospital or institut oddress or location)	ion, give street	C. CITY OR TOWN (If outs	ide city limits, write RU	RAL and give township)
		2622 ST. BENER	C-	BALTIMO	RE	10-05
		2622 OTI WENER	010101,	D. STREET ADDRESS (If ru	Ti BENED	107 57
9	5. S	EX 6. RACE 7. MARI	RIED, NEVER MARRIED	R DATE OF RIPTH	AGE (In years	
200	1	WIDO	OWED, DIVORCED (specify)	APRIL 7, 1887	ast birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
2 L		USUAL OCCUPATION (Give kind of work 10 B. KIN)	O OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or foreig	n country)	12, CITIZEN OF WHAT COUNTRY?
disposition	1	BLACK SMITH TA	ILROAD	WASHINGTO	ON, D.C.	
200	13.1	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
SID	16.1	UNKNOWN	11 / 200141	DNKNO		A 22222
0	(Yes	Was Deceased Ever in U. S. Armed Forces? s,na arunknown) (If yes, give war or dates of servi	SECURITY NO.	- MR JOHN C	184 6611	LUCITINUAR DR.
-		118.	CAUSE 0	<u> </u>	213 9 6611	INTERVAL BETWEEN
0		DISEASE OR CONDITION DIRECTLY	(Do	40 ()	1 0 0	ONSET AND DEATH
E E		LEADING TO DEATH (This does not mean the mode of dying,		cusion	ermany	acure
E Dal		hearl failure, asthenia, etc. It means the dise injury or complication which caused death.)				1
E		ANTECEDENT CAUSES	(8)			
are		DISEASES OR CONDITIONS, if ony, gi	ving			
		rise to the obove couse (A) stating UNDERLYING CONDITION last.	ine (C)		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
D L	z	II CONTRICT	ITING			
before the remains	ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
the	TIFIC,		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
9 6	86 (21A. A CCIDENT WAS UNDERLYING	21B, PLACE OF INJURY (e.g., in			City, give exact location)
oefo	AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?		
P		21D-TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
ained	2	(APPROX.)	e			
opto		22. I certify that (I) (this hospital) attend	ed the deceased from	W 1 19	950 10 W	V 13 19 6 b
De		that (1) (we) last saw the deceased alive	an ((1 3			an death accurred an the date
		and haur and from the causes stated abay	e. (i) (We) (did) (did not) v	iew the bady after death.		3B, DATE SIGNED
must		Mendel	M.D. Atte	ending Med.	Staff	11 -16 LaG
approval		23 C. PHYSTCIANS	Phy	s. Director F	Phy s.	11-16-46
pro		Name Typh Mende	11'S M.D.	2308 Edia	m dson	(UR Balto,
	24A	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	C. NAME of CEMETERY of CRE	MATORY 24D. LO	CATION (City,	town, or county 23 (State)
Written	1	BURIAL 11/17/66	MT. OLIV.	ET L	ALTIMORE	E, MD,
× -	25A		ME OF REGISTRAR	F. B. 11100	FRT 12.	E, MD, OUEUTALU PLACE
	VS	NOV 1 8 1906 (12.14	ub E Salkey MA	3 5 6 6		

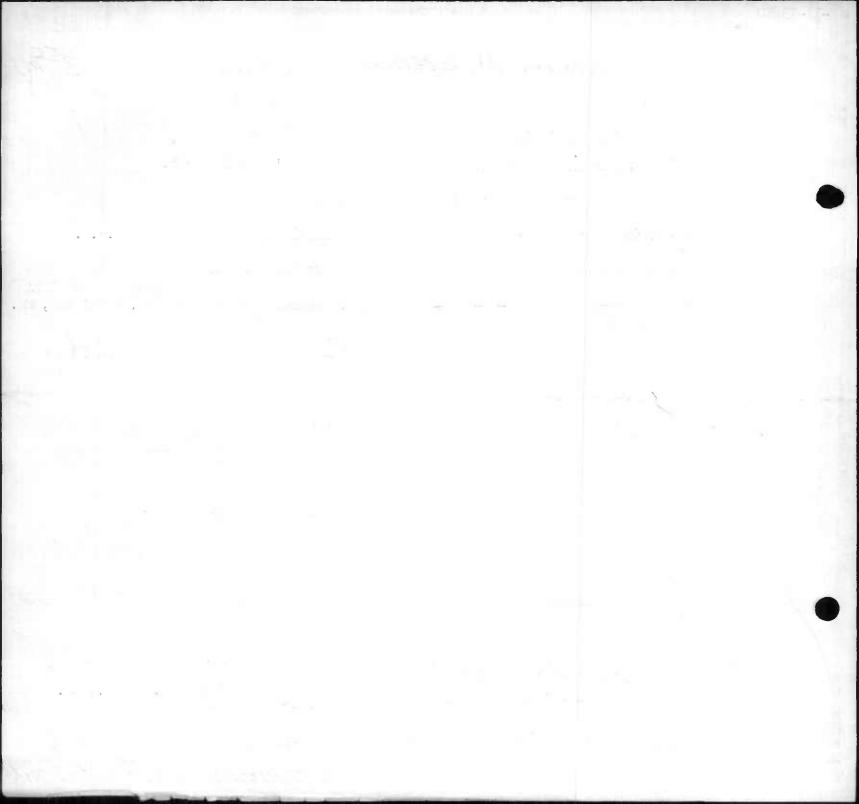
Mark Chile Low-Le Mark Select 25 Lugtentus The same of the sa F.B. WIDPERT JECOEL PAIG PERCH

IMPORTANT

FUNERAL DIRECTOR:

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

100	132 66 11552		HEALTH DEPARTMENT		66 11552
	TH NO.	CERTIFICA	TE OF DEATH	Registered Na.	30 11.002
1.1	Pe or Print) WILLIAM	M. SPENCE	ER 2. DAJE AND	HOUR OF DEATH	350
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceosed lived. If institu	tion: residence before admissign)
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	tion, give street	Maryland	side city limits, write RURA	AL and give township)
3	Baltimore City Mospitals		Baltimore		01
	4940 Eastern Ave.		D. STREET ADDRESS (If it	urol, give location)	
	Baltimore, Maryland # 2	1224		nell Street	
	Male White Se	RIED, NEVER MARRIED DWED, DIVORCED (specify) Perated	5/4/89	77	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B. KIN during most of working lite, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12	2. CITIZEN OF WHAT COUNTRY?
6	Carpenter Scontractor		Maryland		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E	
	William Spencer		Nora Jane A	rnold	
1 S. (Y e	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS# 21224
	213	-12-8541-A	BCH: Records 49	40 Eastern Av	re. Baltimore, Md.
	18. 420.11	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		MT		2 2
	(This does not mean the mode of dying, heart failure, asthenia, etc. ft means the disc injury or complication which coused death,)	e.g., DUE TO			
	ANTECEDENT CAUSES	(B)			0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
	DISEASES OR CONDITIONS, if any, gi	DUE TO ving	15011		
	rise to the above cause (A) stating UNDERLYING CONDITION tast.	the (C)	ASCVD		
	- 11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
ERTIFIC,		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIND IN CERTIFYING CAUSES YES	INGS CONSIDERED
CAL CE	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	or about 21C. WHERE DID ince bidg., INJURY OCCUR?	(If in Boltimore Cit	ty, give exact location)
EDI	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
2	(APPROX.)	While At Not Whill At Work			
	22. I certify that (1) (this hespitel) oftend	led the deceased/fram	11/15	966 10 11/	15 1966.
	that (I) (we) last sow the deceased olive	11/15			death accurred on the date
	and hour and fram the causes stated above	ve. (1) (We) (did) (did not) v			
	23A. SIGNATURE Phillis Z	Mall M.D. Atte	ending Med. Signification Director Director	Stoff Phys.	DATE SIGNED
	23C. PHYSICIANS NAME (Type) PHILLIP	L. HALL M.D.	Saltimore	Eastern Ave	Balto Md. 2122
24/	A. BURIAL CREMATION, 24B. DATE	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City, to	own, of county) (State)
1	Jurial 11/19/66)	Sandymorni	Cemetery Pu	eral Timbs	burg md.
25/	NOV 18 1966	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	2 0	ADDRESS
	150-REV. 1/1/65	15 G) Tower, Pull	1 2 my	my into	trunder, ma
A 2	130=85 V. 1/1/03		\/	W	



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BALTIMORE CITY HEALTH DEPARTMENT

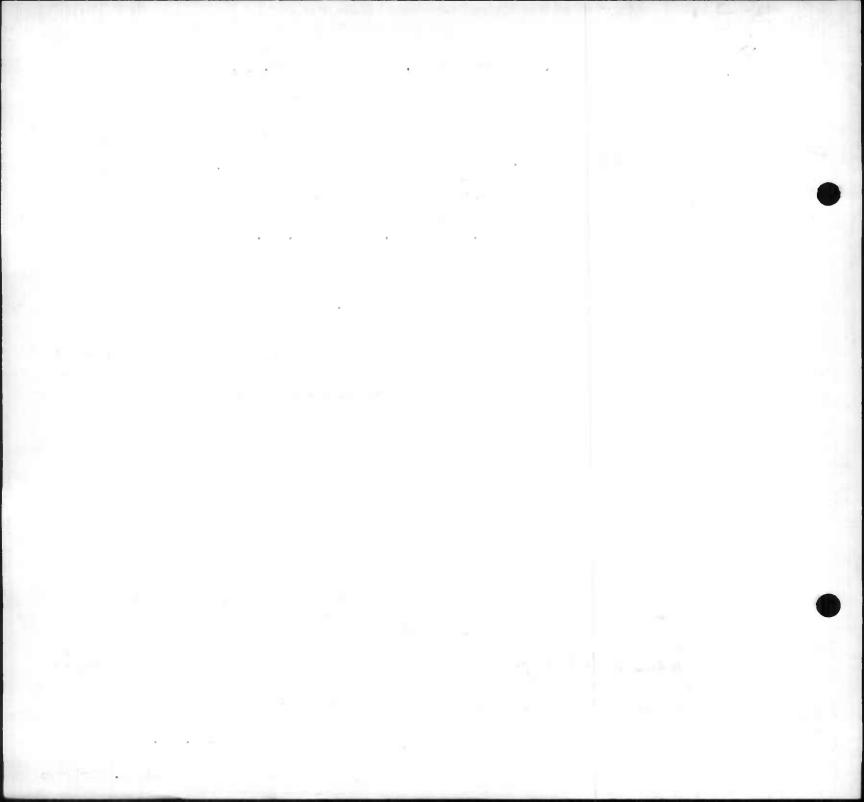
Registered No.

66 115	553
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M.E. CASE NO.	CERTIFICA	ATE OF DEATH	
1. NAME OF DECEASED		2. DATE AND HOUR OF E	DEATH
(Type or Print) John A. I	Hundertmark Sr.	Nov. 16, 1966	1 A - N
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where deceased live	ed. If institution: residence before admission)
		Maryland	
FULL NAME OF (If not in hospitot or in: HOSPITAL OR oddress or location)	stitution, give street		write BURAL and give township)
INSTITUTION			
		Baltimore D. STREET ADDRESS (If rurol, give tocot	ion)
6 0 1233 Scott St	•		(
	AARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year	rs If Under 1 Yr If Under 24 Hrs.
	VIDOWED, DIVORCED (specify)	lost birthdoy)	rs If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
Male White	Married	2 13 1895 71	
tOA, USUAL OCCUPATION (Give kind of work 10B, done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Policeman Retired	Balto. City Dept.	Balto. Md.	USA
13. FATHER'S NAME	Paroce or by Depos	14. MOTHER'S MAIDEN NAME	054
Louis Hundertmark		Ada Reckard	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	SECONIII IVO.	Mrs. Marie Hundertmark	Same
11B. 2 n V 1	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	LY	7	ONSET AND DEATH
LEADING TO DEATH	(A) V	Myocardial Lculu	re Iday
(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	ng, e.g., DUE TO	Decended feulu Deceliedes Welles	
injuly of complication which caused dea	lh.)	D 10: 7 31. 10 3	4
ANTECEDENT CAUSES	(B)	Willeles Melli	us years.
DISEASES OR CONDITIONS, if ony,			
lise to the above couse (A) state		***************************************	~~~~~
UNDERLYING CONDITION lost.			
Z II	TRIPLIE CO	1	
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE	renary Subercules	2 Daysus
			WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	MED WHICH OFERATION	IN CERTIFYIN	IG CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INITIBY (a.c.	is at about 21 C WHERE DID	labimana City viva areas baselina)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or obout 21C. WHERE DID (If in E	follower City, give exact facations
U	etc.)		
W OF INITION	OUT) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not Wh		
22. I certify that (1) (this haspital) of		8/28 1954 10	11/16 10/06
that (1) (was) lost saw the deceased al			r) apinion death accurred on the dat
and hour and from the causes stated a	bove. (I) (\text{\text{\text{did}}}) (did) (\frac{did}{\text{\text{did}}})	view the body after death.	
23A. SGNATURE			23 B. DATE SIGNED
Juliu V. allock y	M.D. A	ys. Med. Sloff Phys.	11/16/66
23 CAPHYSICIAM'S NAME (Type)		23D. ADDRESS	
	10 M.D	1227 Wash (Beva
JOHN ! URLOCK	24C, NAME of CEMETERY of C	1	(City, town, or county) (Stote)
REMOVAL (Specify)			
Burial 11 21 1966			• Md •
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 1 8 1966 (1.0	6. B.E. StanberMin	Mc Gulley	130 E. Fort Ave

VS 150-REV. 1/1/65

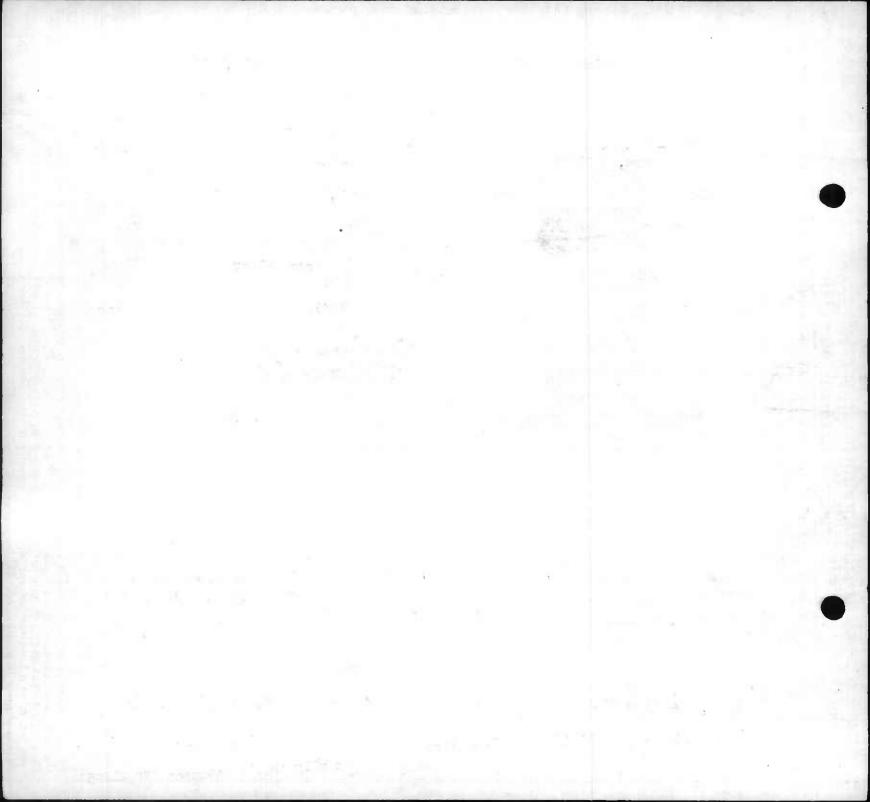
130 E. Fort Ave



		0
P4 th	fany nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such (written approval must be obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.
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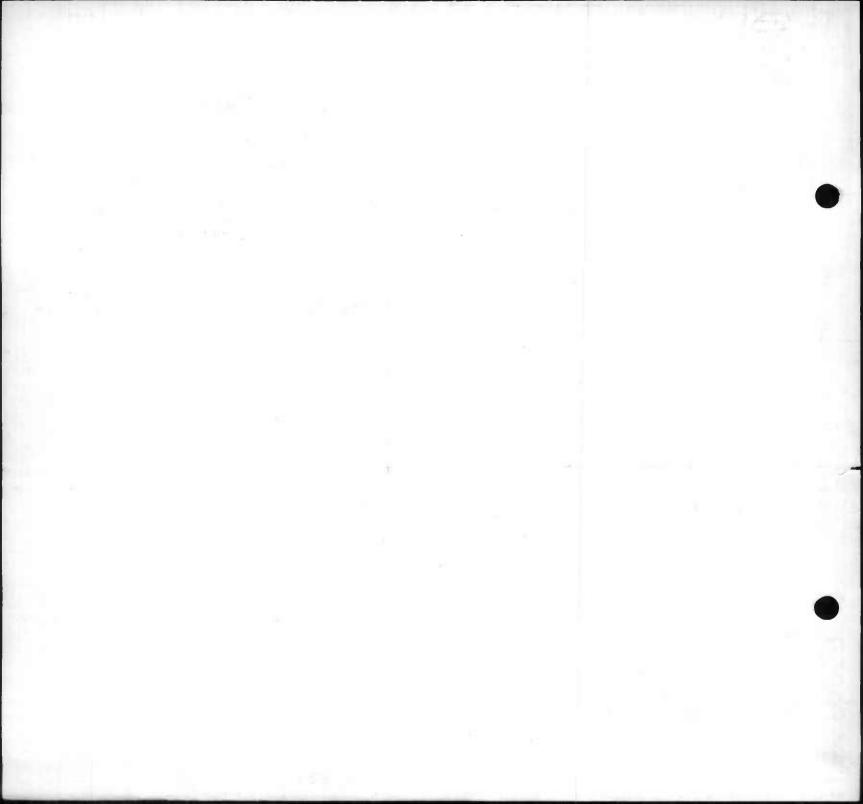
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	00 4455		BALTIMORE CITY	HEALTH DEPARTMEN		00 141	
BIRTH NO.	66 1155	1	CERTIFICA	TE OF DEATH	Registered Na.	66 113	004
M.E. CASE NO.	CEASED				AND HOUR OF DEATH		
Type or Print)	Fariol W	Haynie		1	Vov 12,1966		
	EATH IN SALTIMORE, I			4. USUAL RESIDENCE	Where deceased lived. If it	nstitution: residence befor	e odmission
FULL NAME HOSPITAL OF INSTITUTION		tal ar institution, tion)	give street	c. city or town (f autside city limits write	RURAL and give townsh	1
	10thSt more,Md 2122	5		D. STREET ADDRESS 3610-10St	(If rural, give location)		
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If U	nder 24 Hr
Male	W		D. DIVORCED (specify)	Apr 7,1909	lost birthdoy	Manths Days Haur	Min.
	f working life, even if retire		BUSINESS OR INDUSTRY	Va.	tareign country)	12. CITIZEN OF WHAT COUNTRY USA	?
3. FATHER'S NA	ME	1		14. MOTHER'S MAIDEN	NAME		
	T 1 TT .			Rose V	Valker		
5. Wos Decease	John Haynie ed Ever in U. S. Armed vn)(If yes, give war ar d	Farces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No	702/ 8/10 40/ 0/	u. ecitics/	JECORIII NO.	Family		Same	
18. /	3 V I		CAUSE O			Seme	TWEEN
DISEASES rise to 1 UN DERLYIN OTHER SIGN TO THE DISEASE O	nal mean the made, asthenia, etc. It median which cause MATECEDENT CAUSE OR CONDITIONS, he above cause (AG CONDITION lost. II NIFICANT CONDITION STATE OF THE NOT RECONDITION CAUSE OF THE NOT RECONDITION CAUSE OF THE NOTE	ins the disease, sed death.) If any, giving the stating the CONTRIBUTINGELATED TO THE IT.	(B)		J Mu lug		
STEE C	WAS	PERFORMED			IN CERTIFYING CA	USES OF DEATH?	
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner)	21 B hom etc.	PLACE OF INJURY (e.g., in the form, factory, street, of)	fice bldg., INJURY OCCU	D (If in Boltimor R?	e City, give exact locati	on)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye		INJURY OCCURRED ile At Not While rk At Work		INJURY OCCUR?		
	y that (1) (this hospi		he deceased from	(Refust	19 66 to 10 d that in (my) (aur) op	100 - 12	19 GC an the de
		tated above. (l) (We) (did) (did nat) v	iew the bady after dea	ith.		
23A. SIGNAT	JURE ST. O.			-4		238 DATE SIGNED	
	grade		M.D. Atte	miding Med.	Staff Phys.	11/14/60	
23 C. PHYSICINAME	CARDO	402A1	7.4 M.D.	1228 S. 6	hab it . a	Belk. 71,1	4 l
AA. BURIAL CE	EMATION, 248 DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24	D. LOCATION (C	ity, tawn, ar caunty)	(State)
Burial	11/1	6/66 07	on Van		Glen Burnie	AA Co N	1d
25A. DATE REC		25B. NAME 6	en Heven of REGISTRAN - 20 Following	25C. FUNERAL DIRECT	H)237 Patapace		
/S 150-REV. 1/1	/65	- 1910			evapsco	21225	



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	2 % C
	SY	0 0 0
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	- + v	

+	BALTIMORE CITY HEALTH DEPARTMENT	00 11555
	CERTIFICATE OF DEATH	ered No. 66 11555
1, N	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR O	, 200 1
3. F		I lived. 11 institution; residence before admission)
	FULL NAME OF (If not in hospital or institution, give street) A. STATE B. COUNTY Mary and TAL	BOT ()
1	HOCOTAL OB address as leasting	mits, write RURAL and give township)
12	3 Johns Hosking Hospital D. STREET ADDRESS Ill rurol, give 1	ecation)
	405 Trippe S	ST.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In WIDOWED, DIVORCED (specily) lost birthdop	
	10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)	12, CITIZEN OF
	done during mostyof working life, even if retired)	WHAT COUNTRY?
13.	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	CHNE U.S.A.
	Charles W Pritty men Eva James	1
15.	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
lites	Yes, no or ynknown) (If yes, give wor or dotes of fervice) SECURITY NO. MAS, GILBERT V. Pr	RETTYMAN FISTOR
	18. 24 20 / CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	SKSET AND STATE
-	(This does not mean the mode of dying, e.g.,	ellista minutes
	hearl failure, asthenio, etc. It means the disease, injury or camplication which caused death.)	die
	ANTECEDENT CAUSES (B) CONTROL SCHOOL	arasa 5-6 years
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C)	
	UNDERLYING CONDITION last.	
NO	[C OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATI	DISEASE OR CONDITION CAUSING IT.	
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? IYES OF NOT 20B. IF Y IN CERT	IFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home form foctory, street office bldg, INJURY OCCUR?	in Boltimore City, give exact location)
CAL	DEATH (notify medical examiner) etc.)	
MEDI		J R?
<	(APPROX.) Work At Work	
	22. I certify that (I) (this hospital) attended the deceased from	
		(our) opinion death occurred on the date
	and hour and from the couses stated above. (I) (We) (did) (did not) view the body after death.	23B. DATE SIGNED
	M.D. Attending Med. Stoff Phys.	- 11/15/66
	23C. PHYSICIAN'S NAME (Type)	7 /
	(SRUCIE M. JOW M.D.) Vohns Hople	us Hospital
24 A	24A (BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION	(State)
254	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL OFFICTOR	M Ocelon, Jacket Mb
1	NOV 1 8 1966 (20, 15 & Falloma) 1 4 5 5 5	ar A
VS	VS 150-REV. 1/1/65	



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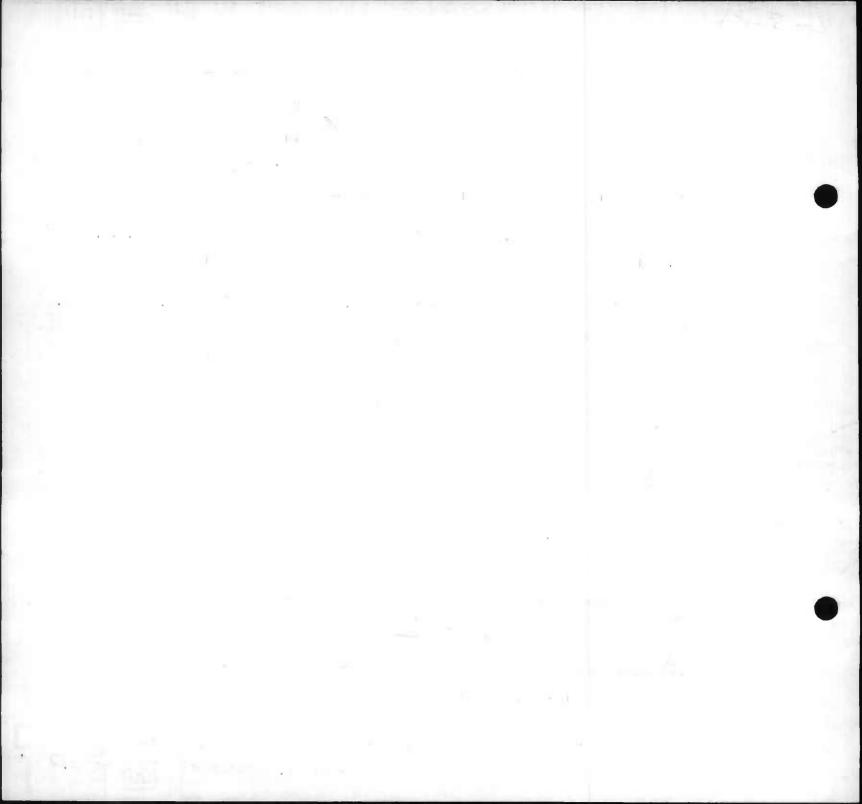
00 11550	BALTIMORE CITY	HEALTH DEPARTMENT		66 11556
яктн NO. 66 11556	CERTIFICA	TE OF DEATH	Registered No	00 11.000
M.E. CASE NO.			HOUR OF DEATH	
Type or Print)	Li		10 00	LADALE DM M
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	. 5 (4. USUAL RESIDENCE (Where A. STATE B. COUNT)		1 12:45 PM M. tution: residence belore admission)
FULL NAME OF (II not in hospital or institution) INSTITUTION (II not in hospital or institution)	ition, give street	C. CITY OR TOWN (II outsi	de city limits, write RU	RAL and eve township
THE JOHNS HORKINS	HOSPITAL	D. STREET ADDRESS (III ru	ral_give location)	
5 3		728 S. Li	GERNE AVE	NUE
WiD	RRIED, NEVER MARRIED OWED, DIVORCED (specily) MARRIED		AGE (In years st birthdoy)	II Under 1 Yr. II Under 24 Hrs. Norths: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)			country)	12. CHIZEN OF WHAT COUNTRY?
Supervisor Dept	of Education	Maryland		U.S.A.
WILLIAM		STELLA BU		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no ar unknown) (II yes, give war ar dates al ser	217-20-0120	Mrs. Naomi Lohin	ski 728 S.	Luzerne Ave.
1B. 4 93XI	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	21	1 11 0.	4	, ,
LEADING TO DEATH (This does not mean the mode of dying,	(A) DIE	baiella Méu	MONIC	6 days
heart failure, asthenia, etc. It means the dis	eose,			
injury or complication which caused death.) ANTECEDENT CAUSES	(B) (Qu	ocardial I	n ture tion	4 days
	DALIA	* MMS		1
DISEASES OR CONDITIONS, if ony, one is to the obove couse (A) stoting UNDERLYING CONDITION lost.			~ \$ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
ll l				
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE bronch	ial asthu	16	
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	YES	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	218. PLACE OF INJURY (e.g., in home, larm, lactory, street, of etc.)	n or obout 21C. WHERE DID lfice bldg., INJURY OCCUR?	(II in Boltimore C	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hourt	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
V OF INJURY	While At Work Not While At Work			
(APPROX.)				
22. I certify that (I) (this hospital) atten				
22. I certify that (I) (this hospital) atten	on 11/12	19 66 and that		
22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased alive	on		in(my) (aur) apini	an death accurred an the date
22. I certify that (I) (this hospital) attention (we) last saw the deceased alive and haur and from the causes stated about 23A. SIGNATURE	ve. (W) (We) (did) (did not) v		rin(mg) (aur) apini	an death accurred on the date

Burial 11-15-1966 Loudon Park Cemetery Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. | 25B. NAME OF REGISTRAL | 25C. FUNGRAL DIRECTOR | ADDRESS |

NOV 18 1966 | Color C. Fungral Director | Raymond E. Kaczorowski 2525 Fleet St.

V\$ 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	66 11557	BALTIMORE CITT	HEALTH DEPARTMENT		CC 14557
	1 NO.	CERTIFICA	TE OF DEATH	Registered No	00 1133/
	CASE NO.	> 1	2. DATE AN	D HOUR OF DEATH	20
	or Print) Ehlers My	irtle	Nov.	16 1866	12 30 M.
3. PI	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		itution: residence before odmission)
H	ULL NAME OF (If not in hospital or institut OSPITAL OR address or location) ISTITUTION	ion, give streel	c. CITY OR TOWN III outs	side city limits, write RL	JRM and give township)
11	36 Fivanton Sou	are Hospital	D. STREET ADDRESS (III	ord, give location)	
5. \$1	EX 6. RACE 7. MARI	RIED, NEVER MARRIED		ost birthday)	If Under 1 Yr. If Under 24 His. Months: Doys Hours: Min.
	male White :	Single	12:14/885	80	
	USUAL OCCUPATION (Give kind of work 108, KIN I during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
122 -	None	None	marylan		USIA
13. F	ATHERS NAME		14. MOTHER'S MAIDEN NAM	0	
15. V	Vas Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ne Bay	ADDRESS
(Yes,	no or unknown) (If yes, give wor or dates of servi		Hospeta	l charg	A
	18. 4. L. 3 M	CAUSE O			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	4	DEOTENE	15 CAL	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying,	e.g., DUE TO	TERIEN SI		10/00/2000
	heort failure, asthenia, etc. II means the dise injury ar camplication which caused death.)	ase,	SART VI	SEASES	3 URETHIA
11 1					
	ANTECEDENT CAUSES	(B)	£		
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO	EMORRHA	GIC GAS	TROGNITERITIS
		ving DUE TO	EMORRHA	GIC GAS	TROGNITERITIS
ATION	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating	ving Ihe (C)	ACUTE		TROENTERING
	DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stating UNDERLYING CONDITION last.	ving Ihe (C)	EMORRHAD A CUTE 20A. AUTOPSY? (Yes or No.)		
L CERTIFIC	DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stating UNDERLYING CONDITION tast. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F	ving the (C)	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	
CAL CERTIFIC	DISEASES OR CONDITIONS, if any, gi rise la the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	DUE TO Ving Ihe (C) JTING THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED	20A. AUTOPSY? (Yes or No) 1 or obout 21C. WHERE DID fine bidg., INJURY OCCUR?	20B. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore	SES OF DEATH?
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MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, gi rise la the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attends that (I) (we) lost sow the deceased alive and hour and from the causes stated above and hour and from the causes stated above 19 cause (A) statements.	DUE TO Ving Ihe (C) JTING THE OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not Whill At Work led the deceased from on NAV.	20A. AUTOPSY? (Yes or Not not obout 21C. WHERE DID in Juny OCCUR? 21F. HOW DID INJURY OCCUR?	208. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore URY OCCUR?	City, give exact locations Out 1956. Ion death occurred on the date
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION tast. II OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.B. CONDITION F WAS PERFORMED 21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21.D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (1) (this hospital) attend that (1) (we) lost sow the deceased alive and hour and from the causes stated above 23.A. SIGNATURE	DUE TO Ving Ihe (C) JTING THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work ed the deceased from on NOV (did (did not) version of the edge) M.D. Alter Phy	20A. AUTOPSY? (Yes or No.) 10 or about 21C. WHERE DID 11 fice bidg., INJURY OCCUR? 21F. HOW DID INJURY 19	208. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore URY OCCUR?	City, give exact locations
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Cemetery Baltimore, Maryland

Stewart & Mowen Co., 108 W. North Av., City

ADDRESS

24C. FUNERAL DIRECTOR

CREMATION

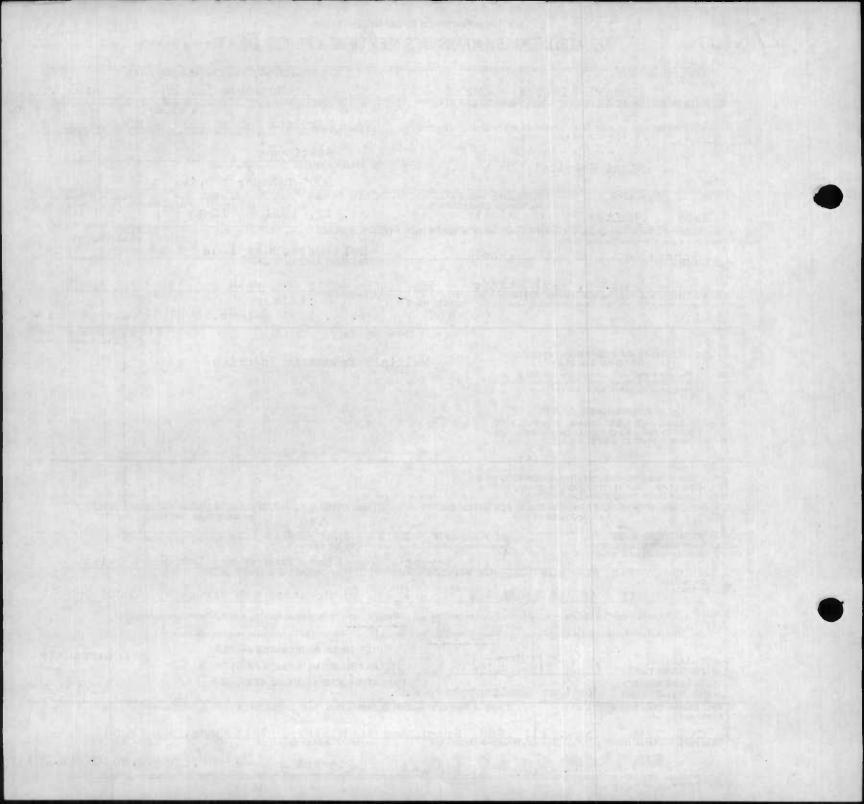
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24A, DATE REC'D BY HEALTH DEPT.

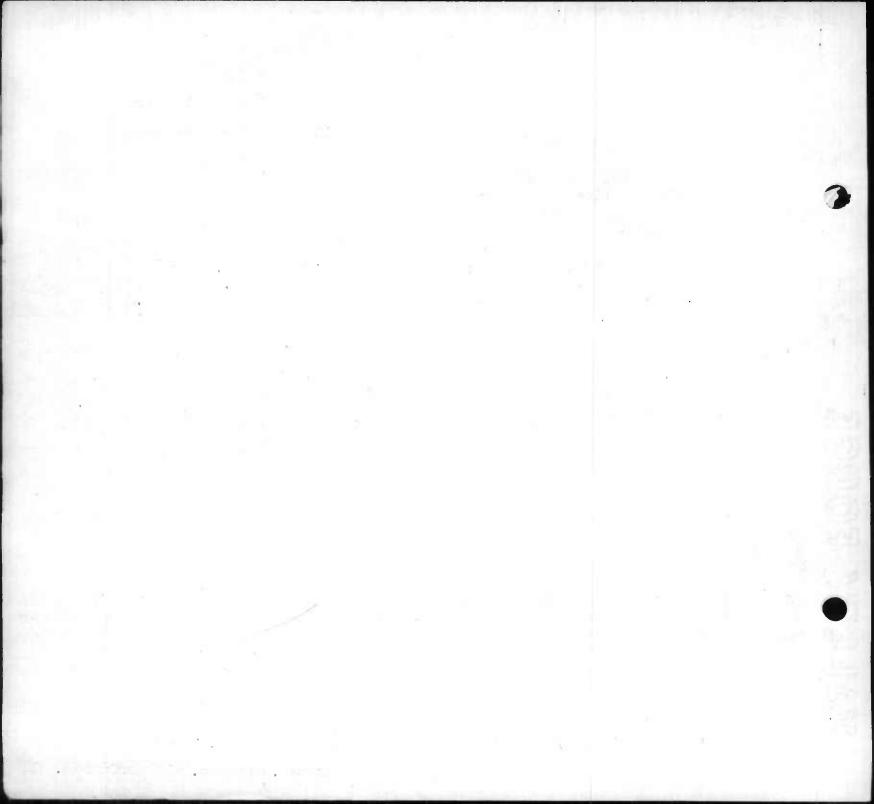
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248 NAME OF REGISTRAR

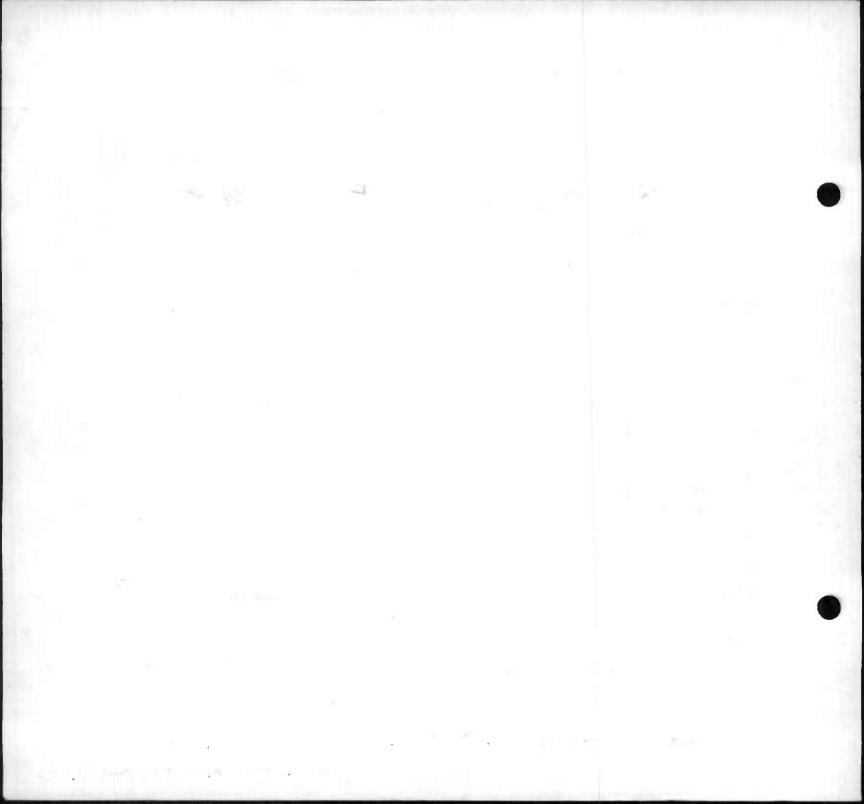
Green Mount



	66 11559	BALTIMORE CITY	HEALTH DEPARTMENT	1	00 44550
	TH NO.	CERTIFICA	TE OF DEATH	Registered No.	00 11009
1, N	AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Typ	De or Print) RITA KIEB	LER	11/	16/66	11:55 PM
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (WKere	e deceased lived. If ins	titutian: residence before admission)
- 1	FULL NAME OF (If not in haspital or insti	itution, give street	MARGLAN	Balti	imore Harford
	ASSISTATION FRANKLIN SQUA	RE HOSPITAL	Bodocadaca		
1	36		405 HAI	2010-210	085
5. S	temale White 7. W	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) Married		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KI	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
dan	e during most of working life, even if retired) Housewife		MARYLAN	X	USA
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAM		0.04.8
	FRANK KRASNO		EVA	C. Calva	
15. (Ye:	Was Deceased Ever in U.S. Armod Forces? s,no arunknawn) (If yes, give war ar dates of se No	16. SOCIAL SECURITY NO. 218427748	MR. KIEBLE	1 COMMONNEX	Hardin Gr.
	18. 3 3 / / I	CAUSE O	DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	11	- Luc /u	+700C	ONSET AND DEATH
	LEADING TO DEATH	AVAH	22/1/2/11/	KHUEK	BBE LLAIR
	(This does not mean the mode of dying heart failure, asthenia, etc. II means the d				
	injury or complication which caused deoth,	.)	EMORRHA	IGE K	THEMIS-
	ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, if any, rise to the above couse (A) statin UNDERLYING CONDITION lost.		HERE AN	NO ACC	ITE FULM
	ll l	£ 1	JEMA, B.	160	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
ERTIFIC /		FOR WHICH OPERATION	20A. AUTOPSYT (Yes of No.	208. IF YES, WERE F	INDINGS CONSIDERED
AL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in hame, farm, foctory, street, of etc.)	ar about 21 C. WHERE DID INJURY OCCUR?	(If in Baltimare	City, give exact location)
0	21D. TIME (Month) (Day) (Year) (Hau	el 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME	(APPROX.)	While At Nat White			
		Wark L At Wark	11/1/	2/1	11/11 11/11
	22. I certify that (I) (this hospital) atte	11 / / /		966 10	19 66
	that (I) (we) last saw the deceased aliv	ve an	19ond the	at in (my) (our) opin	nian death accurred an the date
	ond haur and fram the couses stated ab	ove. (1) (We) (did) (did not) v	iew the bady ofter death.		1000
	23A. SIGNATURE		P 44.1	s. " _ /	238, DATE SIGNED
	Jonn a. all	Phy	nding Med. Director	Staff Phys.	11/17/66
	John G. all 23C. PHYSICIAN'S NAME (Type) TOMAS A. ALL	(EDD M.O.	FRANKLIN		- Itusp.
24/	A. BURIAL CREMATION, 248, DATE	24C. NAME of CEMETERY OF CRE			y, town, ar caunty) (State)
D	REMOVAL (Specify)	Candana - 6 70 - 2 43	Compton De 34	America Merca	am 3
_	Surial 11/21/66	Gardens of Faith	2SC. FUNERAL DIRECTOR	lmore, Mary	Land
	NOV 1 8 1966 (R	D. S. E. Forbergen			05 Harford Rd. #14
VS	150-REV. 1/1/65	CON 41 MARCH	Doonard of	don The Di	0)
. 3	100 10 11 17 17 00				



1	66 11560	BALTIMORE CITY H	HEALTH DEPARTMENT		CC 145CO
)	BIRTH NO. M.E. CASE NO.	CERTIFICAT	E OF DEATH	Registered No.	66 11560
	1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
	(Type or Print) ANNA B. BIERN	1AN	Nover	n ber 17, 190	6 130 AM
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	14		deceased lived. If instituti	ian: residence before admission)
	FULL NAME OF (If not in hospital ar institution, give		mDI		
	HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside	de city limits, write RUBA	L ond give township
		-+0	Baltimore	-	1-01
	Montebello State Ho	priac		rol, give lacation)	5 . (2)
1	11		2820 X	ake Ave.	2ml (3)
	5. SEX 6. RACE 7. MARRIED, NEV	VER MARRIED B.	DATE OF BIRTH 9.		Under 1 Yr. If Under 24 Hrs.
		ED	4-24-86	84 25	
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY	1. BIRTHPLACE (State or foreign	country) 12	CITIZEN OF WHAT COUNTRY?
	Housewile		Mayuland-	_	U.S.A.
	13. FATHERS NAME	14	MOTHERS MAIDEN NAM	E	1.0
	JOHN DITTMAR		BARBARA	HOFE	BERGER
	15. Was Deceased Ever in U. S. Armed Forces?	SOCIAL 17	7. INFORMANT	1 11011	ADDRESS
	(Yes, no or unknown) (If yes, give wor ar dates of service)	SECURITY NO. 16- 46- 2810	1 (1 0	1
				tal recon	
	18.5 60.41	CAUSE OF	DEATH		ONSET AND DEATH
	DISEASE OR "CONDITION DIRECTLY LEADING TO DEATH	HIA	TAL HERNI	A. bleeding	Jan 1964
	(This does not mean the mode of dying, e.g.,	(A)		3	7 001.
	heart loilure, asthenia, etc. 11 means the disease, injury or complication which coused death.)		0 1 1+	1	-1 1011
	ANTECEDENT CAUSES	(B) CVA	- Cerebral M	Tisco wa	Jeb-1964
		DUE TO W	- Cerebral tr left md. cer matoid aux	elvel acting	→ 0 0000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	DISEASES OR CONDITIONS, if any, giving lise to the above cause (A) stoting the	10 Rhei	amatoid aut	thritis	
	UNDERLYING CONDITION last.	0 m m m m m m m m m m m m m m m m m m m		00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	• ••• • • • • • • • • • • • • • • • • •
	7				
	O THE DEATH BUT NOT RELATED TO THE				
	DISEASE OR CONDITION CAUSING IT.	CH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES WERE FIND	NGS CONSIDERED
	WAS PERFORMED		110	IN CERTIFYING CAUSES	OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore City	, give exact lacation)
	OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examiner)	orm, foctory, street, offic	e bldg., INJURY OCCUR?		
		URY OCCURRED	21 F. HOW DID INJU	BY OCCUP?	
	S OF INJURY			KI OCCOR:	
	(APPROX.)	At Work			. Th
	22. I certify that (I) (this hospital) attended the d			64 10 11-	17 1966
	that (1) (we) last saw the deceased alive on	11-1714-	19 66 ond that	in(my) (aur) opinian	death accurred on the date
	and haur and fram the causes stated above. (1) (W	e) (did) (did nat) vie	w the body after death.		
	23A. SIGNATURE			23 B	DATE SIGNED
	J.D. Bohorquez	M.D. Attend	ding Med. S	toff hy s.	Vor 17, 66
	23C. PHYSICIAN'S		D. ADDRESS	.,,	- A
	J.D. BOHORQUE 2	M.D.	montebello	State Hoo	tal.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY of CREM	711111111111111111111111111111111111111	CATION (City. to	wn, or county) (State)
	REMOVAL (Specify)				
	_ U.L./ L.7/())	livet Cem.	Balti	imore, Maryla	nd ADDRESS
		0.00		Tno 2007 **	
'	NOV 1 8 1966 (F.C. S	EL CTONDEN FIRE	Leonard J. Ruel	ine. 5305 H	arford Rd. #14



47-99-55 NIW

OLDT	363 H NO.	66 115	61		Y HEALTH DEPARTMENT	Registered No	66 11561
M.E.	CASE NO.			CERTIFICA	TE OF DEATH	ND HOUR OF DEATH	
	e or Print)		4 P. S	TUARE		1. 16, 1966	230 A
F	ULL NAME OF IOSPITAL OR ISTITUTION	(If not in hospital oddress or location BALT IMORE)	or institution,		MARYLAND C. CITY OR TOWN (If 6)	NTY	stitution: residence before admissi
	31	4940 EASTER BALTIMORE,	N AVENU	Œ	BALT IMORE D. STREET ADDRESS (III 3506 KEENE AV	rurol, give locotion) 7ENUE - 21214	01-
5. SI	EX MALE	S. RACE WHITE	7. MARRIED, WIDOWEI	NEVER MARRIED D. DIVORCED (specify) ARTED	8. DATE OF BIRTH 8/25/18	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
done	during most of w	PATION (Give kind of work orking lile, even if retired)		Brothers Co.	New York	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S NAM	Winfred S	tuart		14. MOTHER'S MAIDEN NA		aret Reddy
15. V (Yes,	Vas Deceased ,no or unknown) Yes	Ever in U. S. Anned For (If yes, give wor or dote WW 2	ces? s of service)	16. SOCIAL SECURITY NO. 217-18-6171	RECORDS: BCH,49	940 Eastern A	ADDRESS Ave, Balto. Md. 2122
	DISEASE OF CONDITION DIRECTLY		MYOCARDIAL I	SIFARETINA	INTERVAL BETWEEN ONSET AND DEATH		
	heort failure, of injury or camp A DISEASES OF	It mean the mode of isthenia, etc. It means dicotian which caused NTECEDENT CAUSES CONDITIONS, if above couse (A)	the disease, deoth.)	(8) AND	Usenoscernos)c	HEARTS DISC	ense ?
ATION	OTHER SIGNIF	CONDITION last. II ICANT CONDITIONS CATH BUT NOT RELACED CONDITION CAUSING I	ONTRIBUTIN	G Puei	mocreal p	venuonâ	5 DAYS.
ERTIFIC	19A. DATE OF	OPERATION 198. CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Yes of N		FINDINGS CONSIDERED
0	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) Notes of the place of the p					e City, give exect locotion)	
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED				JURY OCCUR?		
	that (I) (we)		d olive an	11/16			1/16 19 66
	23A. SIGNATUR	A. Tar			tending Med. Director	Stoff Phys.	Nov. 16, 1966.
	23C. PHYSICIAN NAME (Ty	D. IMIDI	/		23D. ADDRESS BALTIMO 4940 Eastern A	venue, Balto	. Md. 21224
	Burial	11/19/6	6. Gar	dens of Faith	Cemetery	Baltimo	The state of the s
	DATE REC'D			E Falley MM	Leonard J. R		to. Md. 21214

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

M.E. CASE NO. 1. NAME OF DECEASED 1. NAME OF DECEASED 1. NAME OF DECEASED 3. PLACE OF DEATH IN BALTIMORE, MARKLAND 3. PLACE OF DEATH IN BALTIMORE, MARKLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissing a control of the structure of the control of the structure of the control		0 4 5 6 3			HEALTH DEPARTMENT		CQ 14500
NAME OF DECASED 10 Add	BIRTH NO.	PO 17305		CERTIFICA	TE OF DEATH	Registered No	00 11004
Adda . (2.11 Adda . (2.11) Adda . (2.11 Adda . (2.11) Adda . (2.11)		EASED			2. DATE A	ND HOUR OF DEATH	
TACE OF DEATH IN BALTIMORE, MARTLAND PULL NAME OF MISTITUTION Provident institution, give sheet of Mistitution of Maryland (adjess of people) Both Provident Hospital 1514 Division Street Baltimore, Maryland (2217) S. SEE B. SECE MARKELD, NEVER MARKED WILD OF BUSINESS OR INDUSTRY 111 Under 24 Maryland (Cord Town Maryl	Type or Printl	Adda	. Gill		Nove	mber 14. 196	6 8:43 p.
HOSPITAL OR PROVIDENCE IN STREET ADDRESS OF CONDITION DIRECTLY LEADING TO DEATH This does not meen the mede of dying, e.g., there find does not here of the power cases (A) selenge in the beave cases (A) selenge in the beave cases (A) selenge in the DISTASE OR CONDITION S. If my, giving rise to the observe cases (A) selenge in the DISTASE OR CONDITION S. If my, giving rise to the observe cases (A) selenge in the DISTASE OR CONDITION S. If my, giving rise to the observe cases (A) selenge in the DISTASE OR CONDITION S. If my, giving rise to the observe cases (A) selenge in the DISTASE OR CONDITION S. If my, giving rise to the observe cases (A) selenge in the DISTASE OR CONDITION S. If my, giving rise to the observe cases (A) selenge in the DISTASE OR CONDITION S. If my, giving rise to the observe cases (A) selenge in the DISTASE OR CONDITION S. If my, giving rise to the observe cases (A) selenge in the DISTASE OR CONDITION S. If my, giving rise to the observe cases (A) selenge in the DISTASE OR CONDITION S. If my, giving rise to the observe cases (A) selenge in the DISTASE OR CONDITION S. If my, giving rise to the observe cases (A) selenge in the DISTASE OR CONDITION S. If my, giving rise to the observe cases (A) selenge in the DISTASE OR CONDITION CAUSING IT. None DISTASE OR CONDITION S. If my, giving rise to the observe cases (A) selenge in the DISTASE OR CONDITION S. If my, giving rise to the observe cases (A) selenge in the DISTASE OR CONDITION CAUSING IT. DISTASE OR CONDITION S. If my, giving rise to the observe cases (A) selenge in the DISTASE OR CONDITION CAUSING IT. DISTASE OR CONDITION S. If my, giving rise to the observe cases (A) selenge in the DISTASE OR CONDITION CAUSING IT. DISTASE OR CONDITION	3. PLACE OF DEA				4. USUAL RESIDENCE (Wh	ere deceased lived, If in:	
Baltimore, Maryland 21217 Baltimore, Maryland 21217	HOSPITAL OR	Providen	t Hospi	tal	C. CITY OR TOWN (If a	utside city limits, write R	URAL and give township)
Baltimore, Maryland 21217 1114 W. Mosher Street S. SER 6. RACE 7. MARRIED, NEVER MARRIED 100. Words D. Mycore (specify) Widowed 100. USUAL OCCUPANDA (love indeed work) log. RIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Since or loreign country) 102. CITIZEN OF WHAT COUNTRY COOK WILLIAM RICHARDS ON 13. FATHERS NAME WILLIAM RICHARDS ON 15. Was Deceased New in U. S. Amod Gazes? 16. Word Deceased New in U. S. Amod Gazes? 16. Word Deceased New in U. S. Amod Gazes? 16. Word Deceased New in U. S. Amod Gazes? 16. Word Deceased New in U. S. Amod Gazes? 16. Word Deceased New in U. S. Amod Gazes? 16. Word Deceased New in U. S. Amod Gazes? 16. Word Deceased New in U. S. Amod Gazes? 16. Word Deceased New in U. S. Amod Gazes? 16. Word Deceased New in U. S. Amod Gazes? 16. Word Deceased New in U. S. Amod Gazes? 16. Word Deceased New in U. S. Amod Gazes? 16. Word Deceased New in U. S. Amod Gazes? 16. Word Deceased New in U. S. Amod Gazes? 16. Word Deceased New in U. S. Amod Gazes? 16. Word Deceased New in U. S. Amod Gazes? 16. Word Deceased New in U. S. Amod Gazes? 16. Word Deceased New in U. S. Amod Gazes? 16. Word Deceased New in U. S. Amod Gazes? 17. Informant 18. Word Deceased New in U. S. Amod Gazes? 18. Word Deceased New in U. S. Amod Gazes? 18. Word Deceased New in U. S. Amod Gazes? 18. Word Deceased New in U. S. Amod Gazes? 18. Word Cardiovascular accident 10. Cardiovascular accident	- ^	1514 Div	ision S	treet		Level sive leveling	
Pemale Negro Wildowed May 7, 1901	39	Baltimor	e, Mary	land 21217			
COOK South Carolina WHAT COUNTRY	s. sex / Female		WIDOWE	D, DIVORCED (specify)		Lock biethdoul	Monthsi Dove Hours Min
COOK South Carolina U.S.A. 3. FATHEES NAME 14. MOTHERS MADER NAME William Richardson 4. MOTHERS MADER NAME 14. MOTHERS MADER NAME 4. MOTHERS MADER NAME 14. MOTHERS MADER NAME 5. SOCIAL SECURITY NO. Metter Mickle SAME 6. SOCIAL SECURITY NO. Metter Stroud (Sister) SAME 8. January SAME SAME SAME SAME 18. January SAME SAME SAME SAME SAME 18. January SAME SAME SAME SAME 18. January SAME SAME SAME SAME SAME 18. January SAME SAME SAME SAME SAME SAME 18. January SAME SAME SAME SAME SAME SAME SAME 18. January SAME SAME SAME SAME SAME SAME SAME 18. January SAME			10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZEN OF
William Richardson		working life, even if relifed)			Courth Compildan		
William Richardson Metter Mickle 15. Wos Deceased Ever in U. S. Armed Forces? (15. SOCIAL SECURITY NO. 240-18-5539) Metter Stroud (Sister) ADDRESS Metter Stroud (Sister) SAME ON 240-18-5539 Metter Stroud (Sister) SAME ONSET AND DEATH (This does not meen the mode of dying, e.g., heert folius, estheric, etc. It meens the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if eny, giving fise to the above couse (A) stoling the UNDERLYING CONDITION lost. OHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH GOVERNMEN WAS PREFORMED WORK AS PREFORMED WAS PROBLEM TO THE BUT NOT BELLET TO THE DEATH MADE AND PROBLEM TO THE BUT NOT BELLET TO THE DEATH MADE AND PROBLEM TO THE BUT NOT BELLET TO THE DEATH MADE AND PROBLEM TO THE BUT NOT BELLET TO THE DEATH MADE AND PROBLEM TO THE BUT NOT BELLET TO THE DEATH MADE AND PROBLEM TO THE BUT NOT BELLET TO THE DEATH MADE AND PROBLEM TO THE BUT NOT BELLET TO THE DEATH MADE AND PROBLEM TO THE BUT NOT BELLET TO THE DEATH MADE AND PROBLEM TO THE BUT NOT BELLET TO THE DEATH MADE AND PROBLEM TO THE BUT NOT BELLET TO THE DEATH MADE AND PROBLEM TO THE BUT NOT BELLET TO THE DEATH MADE AND PROBLEM TO THE BUT NOT BELLET TO THE DEATH MADE AND PROBLEM TO THE BUT NOT		AF					U. D. N.
SECURITY NO. 240-18-5539 Metter Stroud (Sister) SAME			on				38.6
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Cardiovascular accident. (B) DUE TO (B) DUE TO (B) DUE TO (C) DUE TO (D) THE SIGNIFICANT CONDITIONS (A) Stoing the UNDERLYING CONDITION SOLD (C) THE SIGNIFICANT CONDITION SOLD (C) THE	15. Was Deceased	Ever in U. S. Armed Fo	rces?		17. INFORMANT		ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenic, elc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION Sol. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSES OF DEATH OF OPERATION ON THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSES OF DEATH? None 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED None 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? None, form, foctory, street, office bidge, INJURY OCCUR? FOR INJURY (APPROX.) 21B. PLACE OF INJURY OCCURRED While At Al Work Al Work CAUSE OF INJURY OCCUR? While At Al Work Al Work CAUSE OF CAUS) (If yes, give war ar dat	es of service)		Metter Stroud	(Sister)	SAME
heart failure, astherie, etc. If means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) sloting the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE BUT NOT RELATED TO THE DISEASE OR CONDITION LOSS. III OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION LOSS. CONDITION FOR WHICH OPERATION NO N	DISEA	LEADING TO DEATH				dent	
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) sloting the UNDERLYING CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 10	heort failure,	asthenio, etc. It meons	the disease	Hype			11-14-66
DISEASES OR CONDITIONS, if eny, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. Condition Condi		ANTECEDENT CAUSES	5	DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Not) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? None 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location) 6C CONTRIBUTING CAUSES OF DEATH? 21D. TIME (Manth) (Day) (Yearl (Hour! Detail (Instity medical examined) 10C COUR? 10C COUR? 21D. TIME (Manth) (Day) (Yearl (Hour! Work Not While At Work Not While 22B. Institute 19B.	rise to the	e abave cause (A)					
19A. DATE OF OPERATION WAS PERFORMED 19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or Not) NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? 21D. TIME OF INJURY (APPROX.) 21D. TIME OF INJURY OCCUR? While At Not While Work At Work At Work 22C. I certify that (I) (this haspital) attended the deceased from October 29. 19 66 to November 14. 19 66 and that in (my) (aur) apinian death accurred an the condition of the courses stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	O THE D	FICANT CONDITIONS	ATED TO TH				
21A. ACCIDENT WAS UNDERLYING 21A. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF CAUSE	U TOA DATE OF	OPERATION 198. CO	NDITION FOR	WHICH OPERATION			
21D. TIME (Month) (Day) (Yearl (Hourl 21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR? While At Not While At Work 22. I certify that (I) (this haspital) attended the deceased from October 29, 19 66 to November 14, 19 66 that (I) (we) last saw the deceased alive an November 14, 19 66 and that in(my) (aur) apinian death accurred an the condition of the courses stated above. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATUSE 23C. PHYSICIANS NAME (Type! 23D. ADDRESS	OR CONTRIBUTE	NT WAS UNDERLYING [UTING CAUSE OF medical examiner	211 hor etc		n ar about 21C. WHERE DID INJURY OCCUR?	(If in Baltimore	City, give exact location!
that (I) (we) last saw the deceased alive an November 14, 19 66 and that in (my) (aur) apinian death accurred an the and haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATUSE Attending Med. Staff Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	OF INJURY	(Manth) (Day) (Yearl	w	hile At Not Whil		JURY OCCUR?	
that (I) (we) last saw the deceased alive an November 14, 19 66 and that in (my) (aur) apinian death accurred an the and haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Attending Med. Staff Phys. 23B. DATE SIGNED 11-15-66 23C. PHYSICIAN'S NAME (Type)	22, 1 certify	that (1) (this haspita	I) attended	the deceased from Oc	tober 29.	19 66 to NOT	rember 14. 19 66
23A. SIGNATUSE							
Attending Med. Staff Phys. X 11-15-66 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	and haur and	d from the causes sta	ited abave. ((I) (We) (did) (did nat) v	lew the bady after death.		
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	23A. SIGNATU	ISE /	1	*			23B, DATE SIGNED
	.0	urgello	Ju	Phy	s. Director	Staff Phys.	11-15-66
	NAME (T					St. Balto.,	Maryland

REMOVAL (Specify)
Burial Nov.18 166 Balto. Mt. Auburn Cem. Md. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 0 VS 150-REV. 1/1/65

w Ja . "

Such

death.

prior

written approval must be obtained before the remains are embalmed or final disposition is made.

deceased prior to death); and (6) No physician was in regular attendance on

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any

(except where

was D.O.A. at a hospital

the body was released to the hospital by a medical

on the

attendance 10

regular deceased Ξ Was the

death

pronounced A So,

who

the physician

kind;

(4) Undetermined cause; (5) Deceased

IMPORTANT FUNERAL DIRECTOR:

examiner.

1	0 455	BALTIMORE CITY	Y HEALTH DEPA	RTMENT		00 14500
BIR	TH NO. 65 11563	CERTIFICA	TE OF D	FATH Re	gistered No.	00 11000
	E CASE NO.	CERTITO	VIL OI D			
	pe or Print) Leroy Clemo	27.5		2. DATE AND HO	3-66	1150 PM
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIL	DENCE (Where dece	eosed lived. If inst	titution: residence before admission)
	FULL NAME OF (If not in hospital or institut	ion, give street	MARYLA			4-00
	HOSPITAL OR oddress or locotion) INSTITUTION BALTIMORE CITY		C. CITY OR TO		ity limits, write RU	JRAL and give township)
	4940 EASTERN A		BALTIM D. STREET ADD		aive location)	
	3/ BALTIMORE, MARY		176 N.	PINE ST		201
5. :	SEX 6. RACE 7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRT	TH 9. AG	F //	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
N		eparated	3-15-2	^	111	retolinis Day's Fronts Fronts
1	USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign cou	intry)	12. CITIZEN OF WHAT COUNTRY?
	Lockoper		Virgin	ia		USA
13.	FATHER'S NAME		14. MOTHER'S	MAIDEN NAME		
	JAMES CLEMONS		Louise	BOWENS		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,na or unknown)[(If yes, give war or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	7		RECORDS	-4940 EA	STERN AV	VENUE #21224
1	18.002.11	CAUSE C	F DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pu	Immar	y Tube	rculosis	
	(This does not mean the mode of dying, heart foilure, osthenio, etc. It meons the disc injury or camplication which caused death.)	e.g.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	ANTECEDENT CAUSES	(B)	harh-h-d-au har 80 00 m 000 00 00 00 00 00 00 00		800 80 8n 8n hhhh	
	DISEASES OR CONDITIONS, if ony, gi	ving				
	rise to the obove couse (A) stating UNDERLYING CONDITION last.	the (C)				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	JTING Renal	Tuberco	ulosis =		
CERTIFICA	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION		Y? (Yes or No) 20B.	IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, farm, factory, street, cetc.)	in or about 21 C. W	HERE DID	(If in Boltimare	City, give exact location)
MEDIC	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not Whi Work At Work	le 🖳	OW DID INJURY O	OCCUR?	ha je ili
		1	7.0			12

22. I certify that (this hospital) attended the deceased from that (7) (we) lost sow the deceased alive

and that in (my) (our) aplnion death occurred on the date

and hour and from the couses stated above. ((We) (did) (did not) view the body after death.

eller

W.	Keller
	W.

Attending Phys. M.D. 23D. ADDRESS

Staff Phys. Med. Director

23B, DATE SIGNED 11-13-66

23C. PHYSICIAN'S NAME (Type)

Haspitals.

24A. BURIAL CREMATION,

CEMETERY

24D. LOCATION

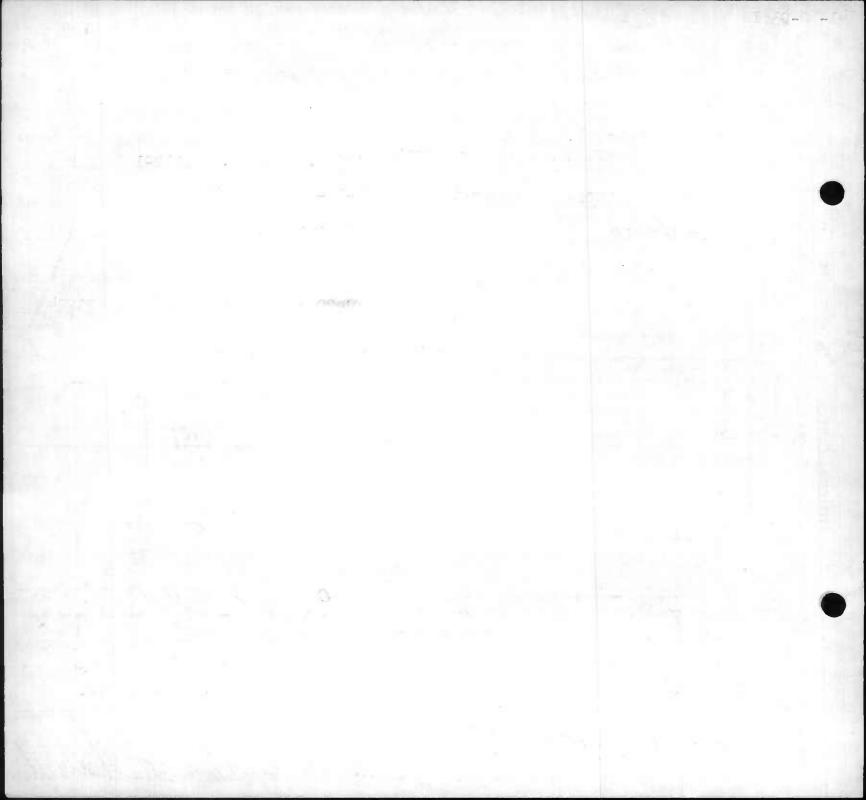
(Stole)

HEALTH DEPT 258. NAME 25A. DATE

25C. FUNERAL DIRECTOR

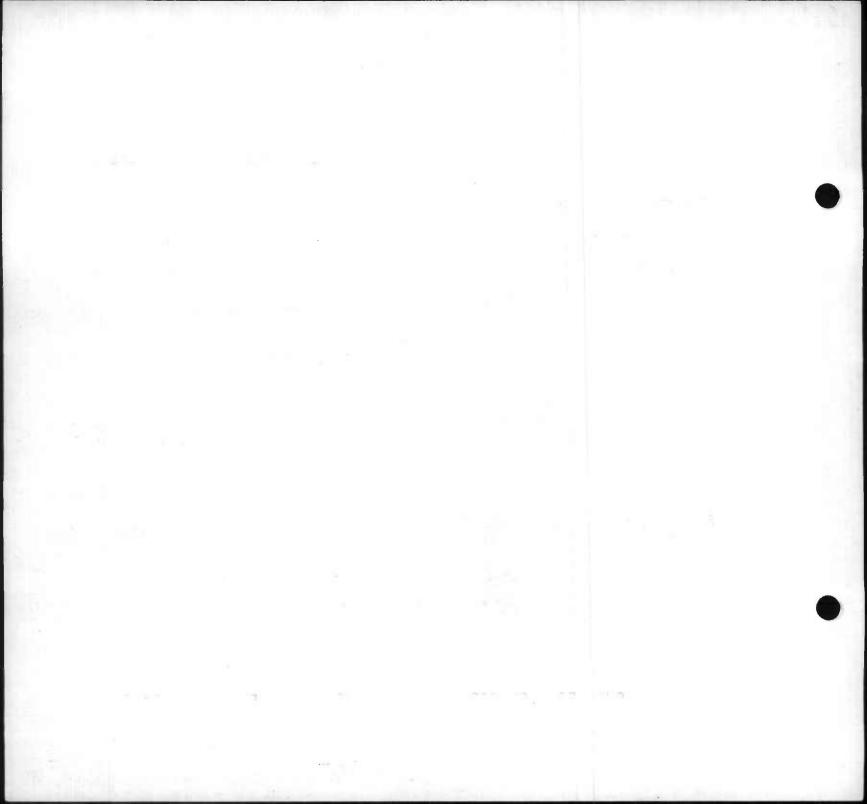
ADDRESS

VS 150-REV, 1/1/65



	BALTIMORE CITY	HEALTH DEPARTMENT		
81RTH NO. 56 11.364	CERTIFICA	TE OF DEATH	Registered No	bb 1364
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type of Print) M. (-0/ F	igler	COMPY	1/18//	CIDE O
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	911.	4. USUAL RESIDENCE (Where 8. COUN	e deceased lived, thin	stitution: residence before admissia
FULL NAME OF (If not in haspital or institution, oddress or location) INSTITUTION		C. CITY OF TOWN (If outs	Baltina side city limits, write R	URAL and give township)
4 Union Mamoria	1 Hospital	D. STREET ADDRESS (If r	ural, give location)	12-01
		4212 Tuscar	ny Court	21210
Carcasian Midowet	O, DIVORCED (specify)	03/20/98	ast birthdoy)	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF done during most all working lite, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Syste or foreign	in country)	12. CITIZEN OF WHAT COUNTRY?
House WiFE		Nebras	Ta	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	(E	
Charles O Finler	/	Dissey	Fran:	01/
S. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	tra31	ADDRESS
Yes, no arunknawn) (If yes, give war ar dates of service)	SECURITY NO. 20-30-2857	Ox Ed	R L	2
18. 4 7 2	CAUSE O	F DEATH	0, /	INTERVAL SETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) B De	gional En	tivitis	Lapar
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	,		
injuly ar camplication which caused death.)	6.	pticemia	70-to 1-	exitoritie
ANTECEDENT CAUSES	(B) DUE TO	To comment	a w pr	- runne
DISEASES OR CONDITIONS, if ony, giving	002.0	•	9	02
tise to the obove cause (A) stoling the UNDERLYING CONDITION lost.	(C)		1-7	71 17
			91	The state of the s
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	3 E			V
19A. DATE OF OPERATION 19B. CONDITION FOR I	Regional Ento	20A. AUTOPSY? (Yes ar No)	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
0 21 A. ACCIDENT WAS UNDERLYING 218	PLACE OF INJURY (e.g., in e, form, factory, street, of	fice bldg., INJURY OCCUR?	(If in Soltimore	City, give exact location)
2) D. TIME (Month) (Day) (Year) (Hourt 2) E	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.) Whi	ile At Not While			
22. I certify that (V (this hospital) ettended the		10/28 1	966 10	11/15 10/1
that (I) (we) ast sow the deceased alive on	1//15		t in(my) (our) opfr	nion death occurred on the de
and hour and from the couses stated above (1	TWe ((did) (did not) v	iew the body ofter deoth.		
23A. SIGNATURE M. Cless	2. A. M.D. Atte		Stoff Phys.	23B. DATE, SIGNED
23C. PHYSICIANS NAME (Type) CHARLES H. CLAS		THE UNION ME	EMORIAL HO	SPITAL
24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify)	AME of CEMETERY OF CRE	MATORY 24D. LC	CATION (Cit	y, tawn, ar county) (State)
Cremation 1/8/66 17.	reenmour	+ Cre natores	Balti.	md
2SA, DATE REC'D BY HEALTH DEPT. 2SB, NAME C		2SC FUNERAL DIRECTOR	-had i	8 ADDRESS Ltv.
VC 100 PCV 1/1/46		IVM. J. I il	mast	sononous of

VS 150-REV. 1/1/6S



IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death Shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/65

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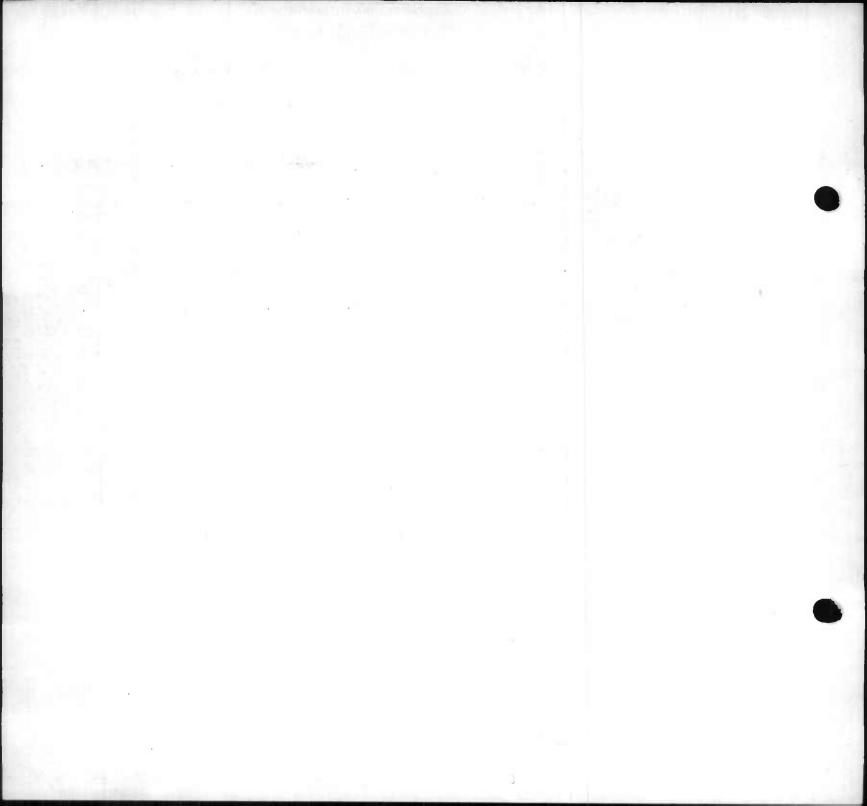
BALTIMORE CITY HEALTH DEPARTME	NT
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11505

CFRT	IFICA	TF	OF	DEATH	Re

Registered	No	-66	11565
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RTH NO. 4.E CASE NO. 66 11565		CERTIFICA	TE OF DEATH		DD 11565
NAME OF DECEASED				HOUR OF DEATH	
Mabel	Joyner	Hood	Noven	mber 14, 190	56 A Notation: residence boforo admission
PLACE OF DEATH IN BALTIMORE, MA	RYLAND		A, STATE B, COUNT	o doceosed tived. If in TY	stitution: residence botoro admission
FULL NAME OF (If not in hospital	or institution, arv	stroot	Maryland		12-02
HOSPITAL OR oddross or location			C. CITY OR TOWN (II outs	side city limits, write l	RURAL ond give township)
Long Green No	rsing Ho	m e	Baltimore		
90 115 East Mel:	_			ural, givo location)	
Baltimore, Ma	ose waen	27 27 2	S Charles as	nd 31st St.	Homewood Apts. 1
SEX 6. RACE	7. MARRIED, N	EVER MARRIED	B. DATE OF BIRTH	, AGE (In yours	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
Female White	Wildo	DIVORCED (specify)	Aug. 3, 1880	ast birthdoy)	Monins Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work					12. CITIZEN OF
one during most of working life, even il retired)			North Carolin		WHAT COUNTRY?
Housewife					
FATHER'S NAME			14. MOTHER'S MAIDEN NAM	A E	
Charles G.	Joyner		Sallie Fa	rish	
. Was Deceased Ever in U. S. Armed For es, no or unknown) (If yes, give war or data		SECURITY NO.	17. INFORMANT		ADDRESS
37	- 3. 3017100/		Dr. Bowman J. H	food 217 I	Smorton Pd
No None		None	F DEATH	1000)1/ 1	INTERVAL BETWEEN
1 30 100	ECTLY		_		ONSET AND DEATH
DISEASE OR CONDITION DIE	ECILI		linia Umanda	D Dleneau	6 remel
(This does not meon the mode of	dying, e.g.,	DUE TO	home Myorale	7 109 8000	O MARKE
heart failure, asthenia, etc. It means injury or complication which caused			0		100
ANTECEDENT CAUSES	dediii./	(B)			
		DUE TO			
DISEASES OR CONDITIONS, if		(C)			
UNDERLYING CONDITION last.	J.Ling Inc	10/	40°49 60°49 40°49 11 60 11 11 11 11 11 11 11 11 11 11 11 11 11		
11					
OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING				
TO THE DEATH BUT NOT RELA	T. TED TO THE				
19A. DATE OF OPERATION 198. CON WAS PER		ICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
0	ORIVIED				osts or beauti
OR CONTRIBUTING CAUSE OF	21 B. PI	ACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Baltimore	City, give exact location)
DEATH (notify modical examinal)	etc.)	tolini, tooloiji shooy			
21D. TIME (Month) (Day) (Year)	(Hour) 21 E. II	JURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While	At Not Whi	10		
11172	WORK	AT WORK			
22. I certify that (I) (this hospital) attended the	deceased fram	-ja-1	9 <i>6G</i> ta	NW 17 1966
that (I) (we) last saw the decease	d alive an	11-	17 1966 and the	ıt in(my) (aur) api	nian death accurred an the do
and haur and fram the causes star	ed abave. (I)	We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	7 1/	0			23 B. DATE SIGNED
1 Trunu	+ to	M.D. Ar	ending Mod. Director	5toff	
23C. PHYSICIAN'S	1 / 000	rn rn	23D. ADDRESS	Phys.	
NAME (Type)		A4 D			
		M.D.			
AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAA	LE of CEMETERY of CI	EMATORY 24D. LC	CATION (Ci	ty, town, or county) (State)
Burial 11/17/	1966 1	oudon Park	Cemetery R	altimore, M	d
SA. DATE REC'D BY HEALTH DEPT.	258. NAME OF		25C. FUNERAL DIRECTOR	ar Aminora's Mi	ADDRESS A. Y.
A. DATE REC'D BY HEALTH DEPT.	3483	REUSTRAK	250. TOTTERAL DIRECTOR		ADDRESS 7

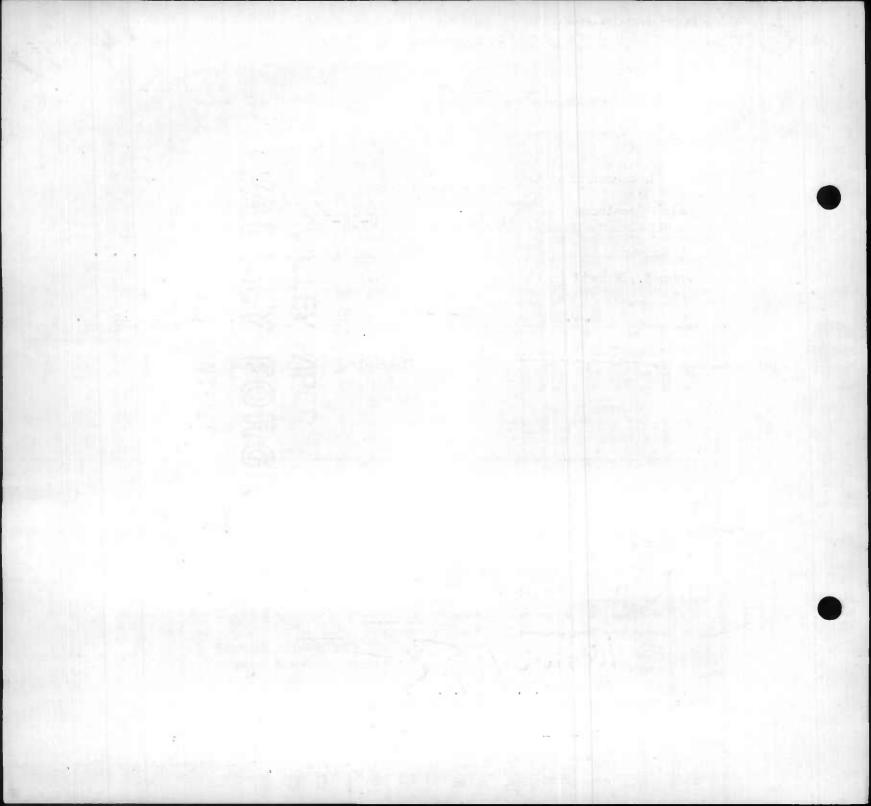


TE OF DEATH Registered

		6.0	1 1	1	12.3
d	No.	66		U	00

\ \ / /	BIRTH NO.	MEDICAL EXAMINER'S CERTIFICAT
XX 452	M.E. CASE NO.	

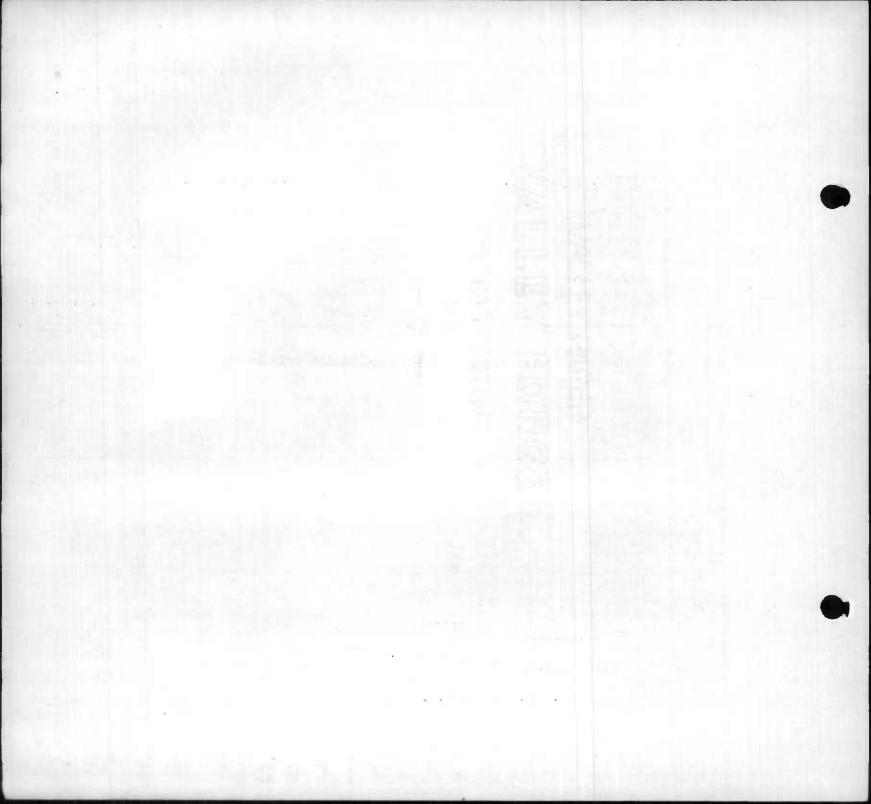
M.	E CASE NO.								
1. (Ty	NAME OF DEC	EASED				2. DATE AND	HOUR PRONOUNCE		
				Villiams			11/14/	1	4:20 a. _{M.}
		IMORE, MARYLAND			A. STATE	ENCE (Where d	eceosed lived. If instit B. COUP	ution: residenc	e before odmission)
HC	LL NAME OF SPITAL OR STITUTION	ADDRESS OR L	SPITAL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOV	VN (If outside	corporate limits, write	RURAL ond g	ive township)
	46.	uthaman IIa	anital		D. STREET ADDR	0 - 0		-	
E .		utheran Ho	-	NIEVER AAARRIED	8. DATE OF BIRTH				fr. If Under 24 Hrs.
5.	male	6. RACE colored	WIDO WED,	NEVER MARRIED DIVORCED(specify)	6-30-79		9. AGE (In years lost birthdoy) 40	Months, Doy	
			work TOB. KIND OF	BUSINESS OR INDUSTRY		State or foreign	country)	12. CITIZEN C	
	Labor FATHER'S NAM		real		Baltimo	Te Maj	ryland	U.S.	A.
		. Bennett			3.6	111221			
15.		D EVER IN U.S. AR	MED FORCES?	16. SO CIAL	Mary 17. INFORMANT	Willia	ams	ADDRESS	
		(If yes, give wor or	dotes of service)	213-20-5680		McKenny	, 1013 A	rgyle	St.
	1B.)	2/X.		CAUSE	OF DEATH				TERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY					ON.	ISET AND DEATH
	(This does -	LEADING TO DE		(A) Mult	tiple guns	hot wou	nds		
	heort foilure,	osthenio, etc. It m nplication which cou	eons the diseose.	DUE TO					
	A	NTECEDENT CA	11050						
	DISEASES (OR CONDITIONS,	IF ANY, GIVING	(B) DUE TO	**********************				~
1	RISE TO TH	E ABOVE CAUSE (A	A) STATING THE						
Z				(C)					
ATI	OTHER SICE	II	DALE CONTRIBUTE	N.C					
FI C	TO THE	DEATH BUT NOT	RELATED TO T						
CERTIFICATION	19A. DATE OF			WHICH OPERATION	20 A. AUTOPSY		OB. IF YES, WERE FIN		
AL	21 A EVTERNAL	L CAUSE WAS	losa	DIACE OF INITIAL	ye		yes	I bank	1
EDICA	UNDERLYINGX	OR CONTRIB-	home etc.)	PLACE OF INJURY (e.g., form, foctory, street, c	office bldg., INJURY	OCCUR?	in Boltimore City, giv	e exoct locon	on)
MED				house			tmore St.		
	OF INJURY			TE. INJURY OCCURRED		INTRI DIG MC			
	(APPROX.)	11 14	66 1:10a	VORK AT W	WHILE X sho	t sever	al times		
	22.	ify that I held on	Inquiry 🗌	Inspection Aut	opsy 🗴 and	that on this	basis, deoth in m	y opinlon	
	resul	ted fram: Noturo	l couses A	Accident Suicid	e Homici	de X U	ndetermined monne		
		11000		(7)	CHIEF M	EDICAL EXA	MINER	-	ATE SIGNED
	SIGNAT	- VUCS	my/	1 700 40	ASSISTANT M	EDICAL EXA	AMINER	L	DATE SIGNED
	EXAMIN	ED*C	m II Coit	11.	ASSOCIATE M			11/1	4/66
00	NAME (71 '	r U. Spit			1000 10			15
	MOVAL (Specify	,)		C. NAME of CEMETERY				town, or count	
24	A. DATE REC'D	BY HEALTH DEPT.	18-66 248 NAME	Baltimore OF REGISTRAR	Nationa 24C. FUNER	AL DIRECTOR	altimore,	Maryl	RESS
	NOA	1 8 1966 (i	olabe.	Farberma	Charl	es R. 1	Law 802 Ma	dison	Ave.
VS	151-REV. 1/1/	65 1 7 0	8. 24	0 0 0	3 5	0 1			



66 11567

BALTIMORE CITY HEALTH DEPARTMENT

BIRT	H NO.	MEDI	CALEX	CAMINER'S CI	ERTIFICAT	LE OF DEATH Regist	ered Na
_	CASE NO.						
1. P (Typ	e or Print)	CEASED				2. DATE AND HOUR PRONOUNCE	CED DEAD
				Cooper		11/15	1110
		IMORE, MARYLAND, W			I A CTATE	ryland	
HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA		JTION, GIVE STREET		VN (If outside corporate limits, with altimore	te RURAL ond give tawnship)
	00				D. STREET ADDR	RESS (If rural, give location)	
	00	1722 N. Payso	n St.		17	22 N. Payson St.	
5. S		6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	H 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	female	colored	Sing		Sept. 21,		Manths, Doys, Haurs, Min.
done	during most of v Seamstr	vorking life, even if retired)		F BUSINESS OR INDUSTRY Family	Baltimon		12. CITIZEN OF COUNTRY?
13. F	ATHER'S NAM				14. MOTHER'S MA	AIDEN NAME	
	St	ewart A. Co	oper		Mary I	Ella Mason	
	VAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
Yes	, no or unknown	(If yes, give war ar date		SECURITY NO.	Stowart 1	R. Cooper- 30008	N.W. D.C.
	18. //		51	2-16-4657	OF DEATH	R: 000per= 70008	INTERVAL BETWEEN
S	OTHER SIGN TO THE DISEASE OF	WAS PERI	ONTRIBUTII	HE Chronic WHICH OPERATION	20A. AUTOPSYS	ic leukemia ? (Yes or No) 20B. IF YES, WERE F	ISES OF DEATH?
O	UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. hame etc.)	PLACE OF INJURY (e.g., i , form, factory, street, a	in or about 21C. W office bldg., INJURY	VHERE DID (If in Boltimore City, g OCCUR?	rive exact lacation)
	21D TIME OF INJURY (APPROX.)	(Manth) (Day) (Year	V	WHILE AT NOT WORK	WHILE	OW DID INJURY OCCUR?	
	ACTUAL SIGNAT	URE West	nquiry [Inspection Aut	apsy and and Hamicia	EDICAL EXAMINER EDICAL EXAMINER	DATE SIGNED
23A	EXAMIN NAME (** BURIAL CRE/	MATION, 23B, DATE	U. Spi	LTZ M.D.		23D. LOCATION (Sign	11/15/66 7, town, or county) (State)
	Burial Barral	11/18/6	6 1	Arbutus Memor	ial Park	Baltimore	Maryland
24A	DATE REC'D	10V 18 1966		OF REGISTRAR E Farburns		rt E. Nutter-3035	W. North Ave.
VS	151-REV. 1/1/	65	* *			0 3	



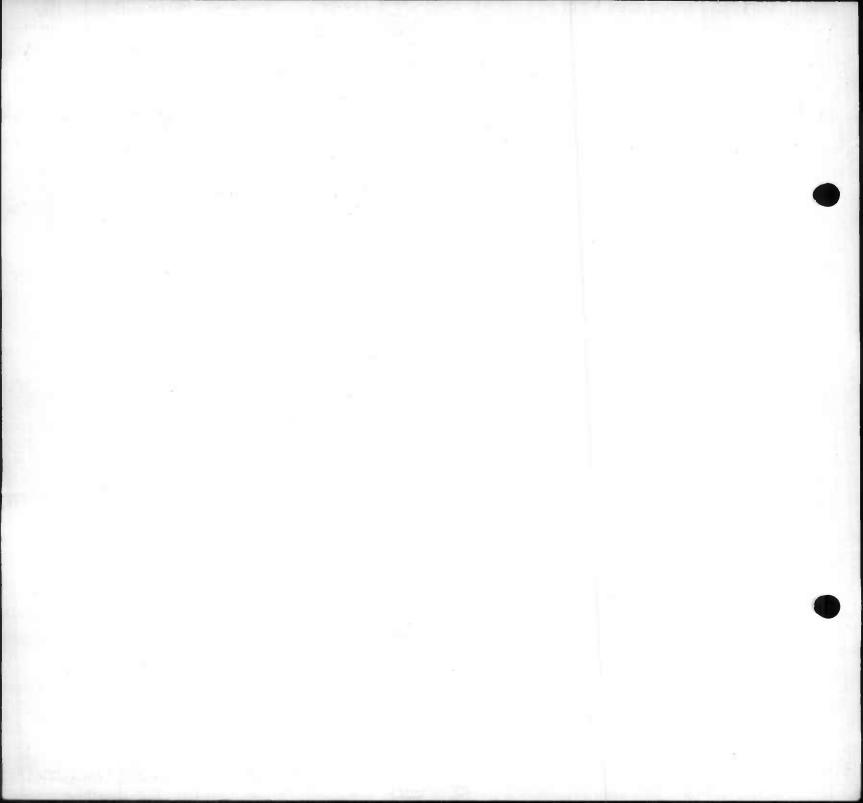
VS 150-REV, 1/1/65



BALTIMORE	CITY	HEALTH	DEPARTMENT

	bies	1 7 - 1.1
Registered No	. OU	11069

	TH NO. 66 11569	CERTIFICA	TE OF DEATH	Registered Na.	6 LL069
1.1	E. CASE NO. JAME OF DECEASED De or Print)	Ducken	2. DATE AND	HOUR OF DEATH	. U15 n
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	RUCKER		deceosed lived. If institu	tion: residence before odmission)
	FULL NAME OF (If not in hospital or institution oddress or location) NSTITUTION	on, give street	A. STATE B. COUNTY C. CITY OR TOWN (If outside	e city limits, write RUR	7-04/
	37 MERUM H	03P	18AMMO	RE	
	3/ 11.		D. STREET ADDRESS (If ruin	ol, give locotion)	
5.		ED, NEVER MARRIED WED, DIVORCED (specify)		AGE (In years If	Under 1 Yr. If Under 24 Hrs. onths Doys Min.
	. USUAL OCCUPATION (Give kind of work 10 B, KIND e during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign	counity) 1:	2. CITIZEN OF WHAT COUNTRY?
1	fouse-wife		151010, NI	D.	481
13.	AMES WUNDSON		PASELY (DENTE	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of servic	e) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
6	no	CALLES		er 1012 N.	
	DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		ON SET AND DEATH
	LEADING TO DEATH	(A) SE	TOTIC SHOUL		2
	(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disea injury or complication which caused death.)		nd l. d.	+ nolle lin	1. 5
	ANTECEDENT CAUSES	(B) (A) Co	3 puelisons	Celebra	7 5
	DISEASES OR CONDITIONS, if ony, given is a lotter of the above couse (A) stating UNDERLYING CONDITION last.	- /- //	Verwhelmin	1 squices	aur_
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		F + ASCV.	AD	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION		208. IF YES, WERE FINE	
CAL CE	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)			ly, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
	(APPROX.)	While At Work At Work		1 M-	
	22. I certify that (2) (this hospital) attende	- 11	19	06 to 100	17,100
	that (we) last saw the deceased alive a and boar and from the causes stated above			in(my) (aur) apiniai	n death accurred an the date
	23A. SIGNATURE	(, (, (did) (did int) (Tew The budy differ death.	23	B. DATE/SIGNED
1 1	10. W. Kjar	Phy		off ys.	11/14/62
24/	28C/PHYSICIAN'S NAME (Type) 1 SEPH MATERIAL CREMATION, 248. DATE 240.	MANE OF CEMETERY OF CRE	Mency MATORY 1240, LOC	HOSP ATION (City, 1	own, or county) (State)
	REMOVAL (Specify)	401/		D /	1 Co N1
25/	DATE REC'D BY HEALTH DEPT. 258. NAM	NE OF REGISTRAR	256. FUNERAL DIRECTOR	effrunde	ADDRESS
	NOV 18 1966 GLOCAL	JE, Jankyma	Taudolph To	lluck 2431	E. Oliver St.
Α2	150-REV. 1/1/6S		U U		



a hospital and

HEALTH DEPT,

25A. DATE

VS 150-REV. 1/1/65

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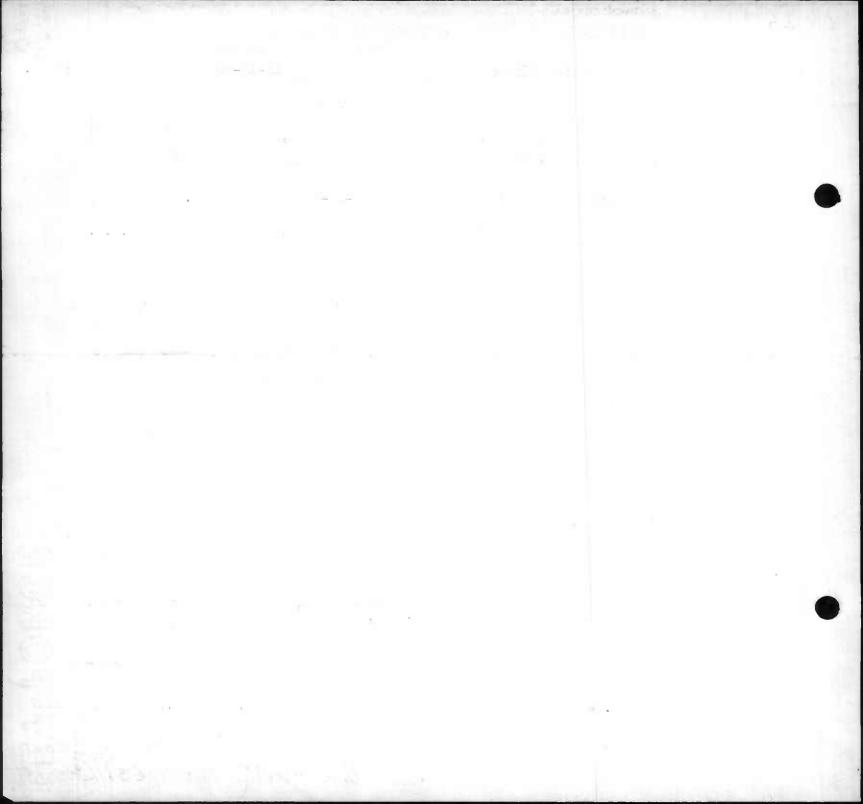
25B. NAME

GE REGISTRAR

	BALTIMORE C	ITY HEALTH DEPARTMENT	7.0 41500
BIRTH NO. 66 11576	CERTIFIC	CATE OF DEATH Registered No.	66 11570
M.E. CASE NO.	CERTIFIC	AIL OF BLATTI	
I. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Print)			
Sista	Addison	11-15-66	1:55 P.M.
3. PLACE OF DEATH IN BALTIMORE MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence belose admission)
		A. STATE B. COUNTY	and the state of t
		Maryland	12-11
FULL NAME OF (If not in hospital HOSPITAL OR address or location	or institution, give street		1 01
		C. CITY OR TOWN (It outside city limits, write	RURAL and give township)
Provident Provident	nospital		
→ Q 151/ Divi	sion Street	D. STREET ADDRESS (If rural, give location)	
		D. STREET ADDRESS (If rural, give location)	
Baltimore	, Maryland 21217	0126 Tanden America	
	,	2436 Linden Avenue	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9, AGE (In years	If Under 1 Yr. It Under 24 Hrs.
	WIDOWED, DIVORCED (specify)	lost birthday)	Months Days Hours Min.
Female Negro	Widowed	3-12-1878 89 yrs.	
10A USUAL OCCUPATION/Give kind of work		TRY 11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF
done during most of working life, even if retired)	TOUR MIND OF DOSHITESS OR HIDOS	TRE TT. DIKTITE CE (Sidie of foreign coominy)	WHAT COUNTRY?
done doning most or working me, even a renied)		Annapolis, Maryland	U.S.A.
		Amiapolis, Paryland	0. J.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever in U. S. Armed Far (Yes, no ar unknown) (II yes, give war ar date		17. INFORMANT	ADDRESS
tres, no or onknown, ar yes, give wor or dole	s of service) SECURITY NO.	N 1 0 12 /2 1	1 1
		Marion Sheridan (Daugh:	ter) SAME
18. 16 9 / 1	CALISE	OF DEATH	INTERVAL BETWEEN
Tal 01/	CAUSE	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIR	RECTLY	0 1 1 1 1 (1
LEADING TO DEATH		Jud endly Chrokal An	Yarehun
(Title dies in the de t	dying, e.g., DUE TO	Surbendo Carchal Any	
(This does not meon the mode of	dying, e.g., DUE TO		2
heart failure, asthenia, etc. It means	me diseose,	1 - to 11 - 15 E	
injury or complication which caused	ded in./	langistime theat Fa	unce.
ANTECEDENT CAUSES	(B)		
	DUE TO		
ANTECEDENT CAUSES	(B)		

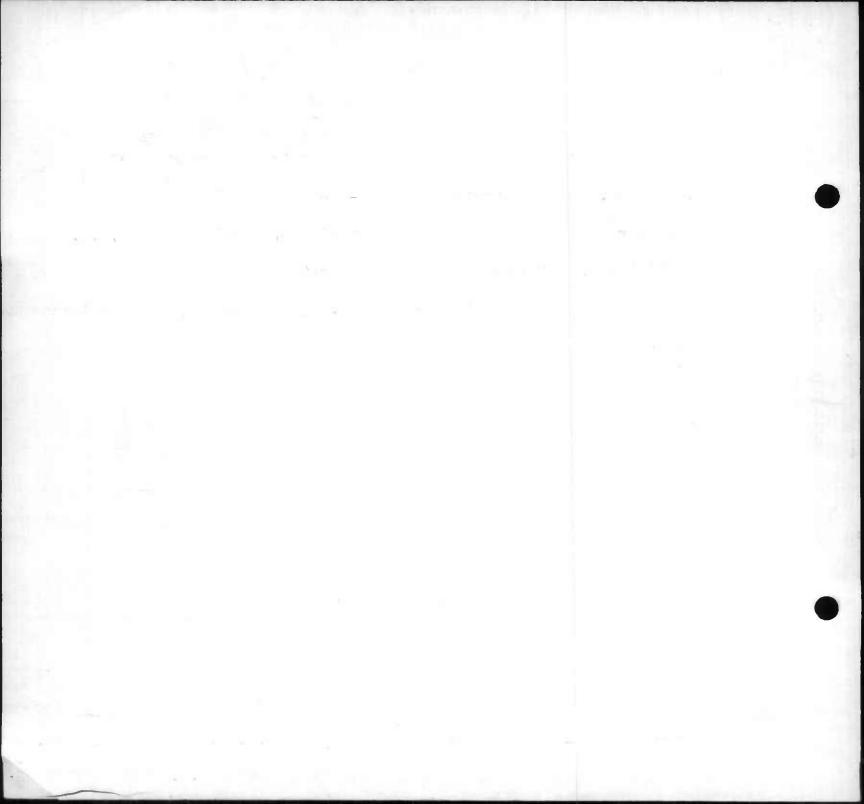
Was Deceased Ever in U. S. Armed Forces? s,no ar unknown) (II yes, give war ar dates of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		Marion Sherid	an (Daughter)	SAME
18. 420,/	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	Lub en do Car	deal suface	tran
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disea injury or complication which caused death.)	g. DUE TO	Sub endo lan længistnie 12	ract Failer	
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, give	ing			
rise to the obove couse (A) stating UNDERLYING CONDITION lost.	ine (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
None 1994. DATE OF OPERATION 1985. CONDITION FO	DR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
OR CONTRIBUTING CAUSE OF		office bldg., INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not W	/hile ork		
22. I certify that (I) (this haspital) attende that (I) (we) last saw the deceased alive a	d the deceased fram November	November 11,	19 66 to November	r 15, 19 66
and haur and fram the causes stated above			(, , (, - - ,,	
23A. SIGNATURE	nur M.D.	Attending Med. Phys. Director		TE SIGNED 11-16-66
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
			St. Balto., Mar	

25C. FUNERAL DIRECTOR

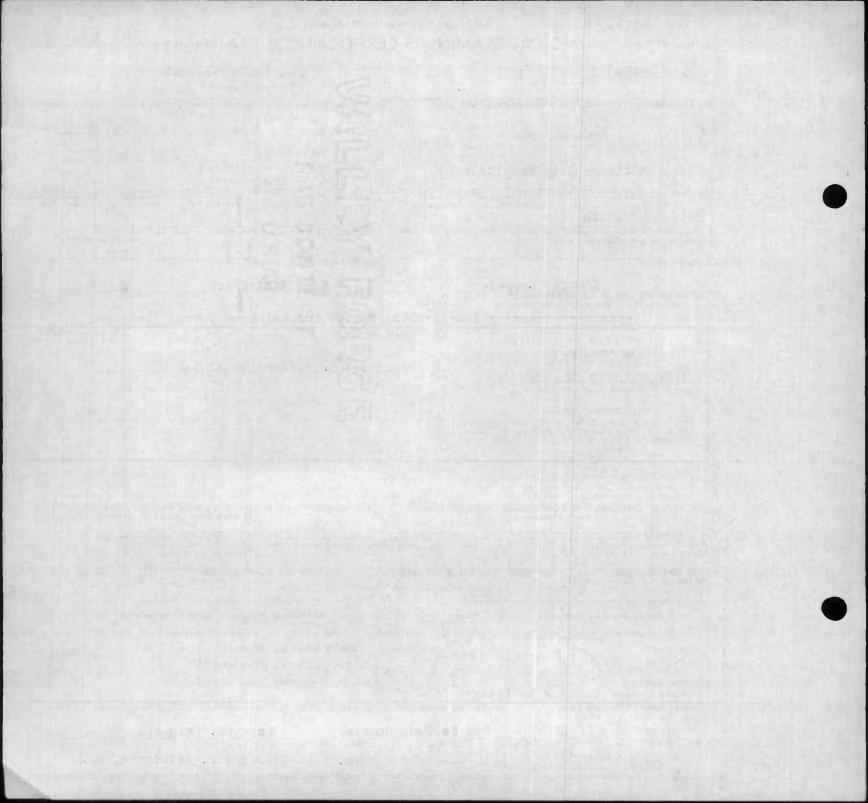


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	00 44557	BALTIMORE CITY	HEALTH DEPARTMENT		00 11	
	атн NO. 66 11571	CERTIFICA	TE OF DEATH	Registered No.	66 11571	
1.1	.E. CASE NO. NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH		
	WILLIAM ALEXAN	11/13/66 I M.				
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived, Il ins	titutian: residence before admission)	
	FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give sheet oddress or location) 700 Arlington Avenue		MARYLAND			
			C. CITY OR TOWN (If ou	tside city limits, write RI	JRAL and give township)	
			BALTIMORE D. STREET ADDRESS (If rurol, give location)			
16				700 Arlington Avenue		
5.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED		B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His.			
	WID	owed, DIVORCED (specify) larried	3-26-1900	lost birthday) 66	Months Doys Hours Min.	
	A. USUAL OCCUPATION (Give kind of work 10 B. KIN ne during most of warking life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?	
	Chuafuer		Baltimore, Maryland U.S.A.			
13.	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
	William T. Wheatley		Harriett Bentley			
15.	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL		17. INFORMANT ADDRESS			
11	No		Mrs Sallia	Whoatles	700 / 21	
	1B. / O P I INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECTLY	P		10 110-1	ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) CARINOMA (CARVICAL) 5 MONTH.					
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,					
	injury or camplication which coused death,)					
	ANTECEDENT CAUSES (B) DUE TO					
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)					
	UNDERLYING CONDITION losi.					
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
ATIO	TO THE DEATH BUT NOT RELATED TO					
		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED				
ERTIFIC	WAS PERFORMED		IN CERTIFYING CAU	SES OF DEATH?		
ALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)	
Q 21D, TIME (Month) (Dov) (Year) (Hour) 21E, INJURY OCCURRED 21E, HOW DID			IURY OCCUR?			
×	OF INJURY (APPROX.)	While At Not While				
	Work At Work					
	22. I certify that (I) (this haspital) attended the deceased from 6/4 1966 to 1966					
	that (1) (we) lost saw the deceased clive an					
	ond hour and from the couses stoted obove. (1) (Wa) (did) (did not) view the body after deoth. 23A. SIGNATURE					
	M.D. Attending Med. Stoff					
	Phys. Director Phys. Phys.					
	NAME (Type)	/=	/ C / A	1 B	1 124/10,13	
24	M.D. 601 N. CALVELL-V					
124	REMOVAL (Specify)	4C. NAME of CEMETERY OF CR			, town, or county) (Stote)	
Burial 11-18-66 Mount Calvary Cem. A.A.CO.						
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS						
	NOV 1 8 1966 P.	of E Stableway	Morton & D	yett F.H.	1701 Laurens St.	
A 2	150-REV. 1/1766) V J. O 1000 CLO					

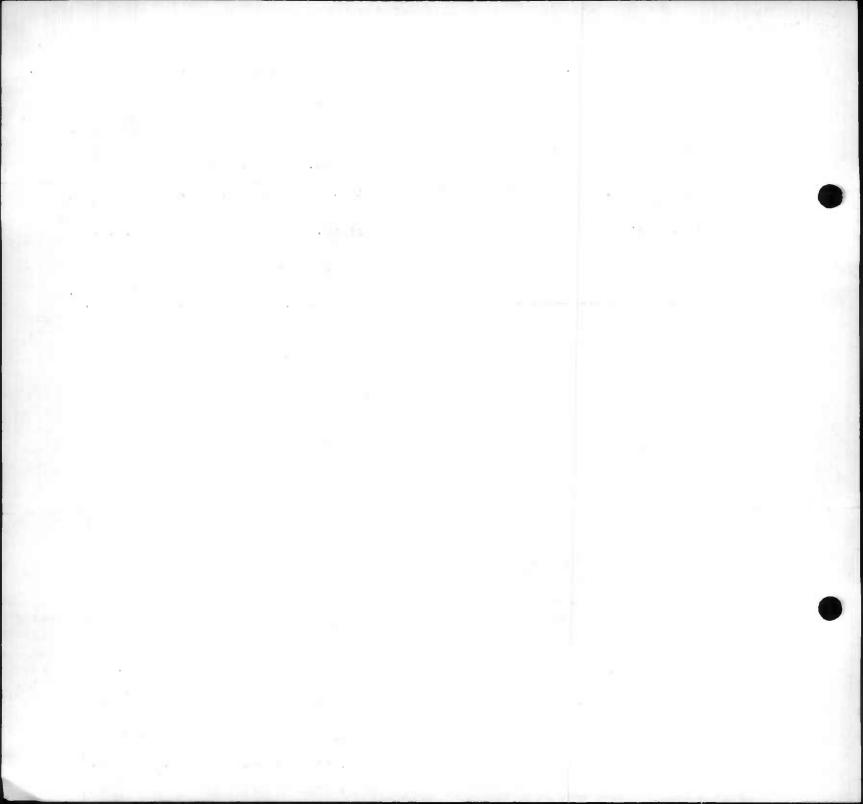


(1)	66 11572 BALTIMORE CITY HEALTH DEPARTMENT CC 1450					
C-120	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.					
	1. NAME OF DECEASED (Type or Print) WRIGHT S. COPPAGE 2. DATE AND HOUR PRONOUNCED DEAD November 17, 1966 3:25 A					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If ratiotism: residence before admiss B. COUNTY B. COUNTY					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION MATYLAND MATYLAND C. CITY OR TOWN (If autside carparate limits, white NURAL and give township)					
	Baltimore Baltimore D. STREET ADDRESS (If rure), give location) 4527 Clareway					
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors last birthdoy) Months, Days Hours Months, Days Hours Months, Days Hours Months Month					
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Maryland USA					
	Edward Coppage Anna KXXX Clark					
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ar unknawn) (If yes, give wor ar dates of service) NO 16. SOCIAL SECURITY NO. 212-12-9945 Faries Funeral Home Smyrna, Delaware					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not meen the mode of dying e.g., heoft failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Arteriosclerotic Cardiovascular Disease. DUE TO					
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 100. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	218. PLACE OF INJURY (e.g., in or obaut 21C. WHERE DID (If in Baltimare City, give exact lacation) UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.					
	21D TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK					
	22. I certify that I held an inquiry inspection X Autapsy and that an this basis, death in my apinion resulted fram: Natural causes X Accident Suicide Homicide Undetermined monner					
	ACTUAL SIGNATURE EXAMINER'S NAME (Type) CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 11/17/66					
	23A. BURIAL CREMATION, PAGE 123C. NAME at CEMETERY at CREMATORY 23D. LOCATION (City, town, at county) (State) Burial 11/19/66 Odd Fellows Cemetery Kent Co. Delaware					
	NOV 18 1966 (Lab E. Faller M. Cook-Brooks Inc. Baltimore, Md.					
	vs 151-rev. 1/1/65 1 9 6 6 0 2 3 1 5 8 7					



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if i	pital (except where the physician who pronounced death was in regular attendance on the sath); and (6) No physician was in regular attendance on the deceased prior to death. Sucost be obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital an the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat shows (1) An arcident of any nature. (2) Rody burns: (3) A fracture of any kind: (4) Undetermined cause: (5) Decease	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc written approval must be obtained before the remains are embalmed or final disposition is made.
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	00 44500	>	BALTIMORE CITY	HEALTH DEPARTME	INT	00 11500
BIRTH NO.	66 11573)	CERTIFICA	TE OF DEAT	TH Registered No.	_66_11573
M.E. CASE NO.	CEASED				ATE AND HOUR OF DEATH	
(Type or Print)	MARY M. O	GILCHRIS	т	Nov	vember 15, 1966	6:35 A.A
. PLACE OF DE	ATH IN BALTIMORE, MA		_	4. USUAL RESIDENC	E (Where deceased lived, If is	nstitution: residence before admission
					COUNTY	
FULL NAME HOSPITAL OR			rive street	Maryland		10
INSTITUTION	0001023 01 10001101			C. CITY OR TOWN	(If outside city limits, write	RYRAL one give township)
10, 1	37			Baltimore D. STREET ADDRESS	06 1 1 1	
Melcho	r Nursing Home	2			(If rurot, give lacation) .	
				3103 St. Pa		
. sex Female	Cau.	7. MARRIED, WICHOW	NEVER MARRIED (Specify)	Sept. 11, 1	9. AGE (In years lost by by Yrs.	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	CUPATION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF
lone during most o Homema	working life, even if retired)	Но	me	Penna.		WHAT COUNTRY?
3. FATHER'S NA				14. MOTHER'S MAID	ENI NI A AA E	0.0.11
John (Mary	1	
5. Was Deceose	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	651	B Darby Terr.
	(II yes, give wor or dole	s of servicer	212-07-9428	Lawrence V.	Gilchrist, Dan	rby, Penna.
1B.2	0101		CAUSE O	F DEATH		ONSET AND DEATH
DISEA	ASE OR CONDITION DIS	RECTLY		10		
4711	LEADING TO DEATH	1.1	(A) 15)	roucho pri	emmi 4	
	his does not meon the mode of dying, e.g., DUETO out foilule, asthenio, etc. It meons the disease,					
injury or co	injury or complication which coused death.)			001.	010	
	ANTECEDENT CAUSES			mary 4	recupocraci	04
DISEASES	DISEASES OR CONDITIONS, if ony, giving			0. 0	Rehydrati arteriosal	•
	rise to the obove couse (A) stoling the (C) Gen			evolized	arlende	eroses
UNDERLITA	IG CONDITION losi.			0		
Z OTHER SICH						
	VIFICANT CONDITIONS C DEATH BUT NOT RELA	ATED TO THE				1 -
DISEASE OF	F OPERATION 198. CON		VHICH OPERATION	20A. AUTOPSY? (Ye	S OF NOT 208 IE VES WERE	FINDINGS CONSIDERED
TO THE DISEASE OF	WAS PER		VHICH OFERATION	Nio	IN CERTIFYING CA	USES OF DEATH?
U 21 A. ACCID	ENT WAS UNDERLYING	218	PLACE OF INJURY (e.g., in	n or about 21 C. WHERE	DID (If in Boltime)	re City, give exact location)
OR CONTRI	BUTING CAUSE OF	hom	e, form, foctory, street, of	ffice bldg., INJURY OC	CUR?	o city, gree chast toosilon
U	fy medical examiner	etc.				
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW 0	DID INJURY OCCUR?	
(APPROX.)		Whi	le At Work			
22 1	.l (1) (al !- I !				10	10
	y that (1) (this hospital				19to	
that (I) (we	e) lost sow the decease	ed olive on		19	ond that in (my) (out) op	inion death occurred on the do
and hour o	nd from the couses sto	ted obove. (I) (We) (did) (did not) v	iew the body ofter	deoth.	
23A. SIGNAT	URE	0				23B, DATE SIGNED
le	wy Valle	- low	M.D. Alle	s. Med.	Stoff Phys.	Nov. 15, 1966
23C. PHYSIC				23D. ADDRESS		
Cesa	r Valle Cavero)	MD	8629 Liberts	Road, Randall	stown, Maryland
REMOVAL	(Specify) 248. DATE		AME of CEMETERY or CRI			City, town, or county) (Stote)
Burial	11-18-6	bb Ne	w Cathedral	Cemetery	Baltimore, Ma	ryland
25A. DATE REC'	D BY HEALTH DEPT.	258. NAME C	F REGISTRAR	25C. FUNERAL DI	Brooks, 1217 St	Paul St
	NOV 18 1966	12.0 B	& Fallma	WIII. COOK-	Baltimo	re, Maryland
VS 150-REV. 1/1		*10		5	J U	



irect or contributing cause of death (4) Undetermined cause; (5) Deceased

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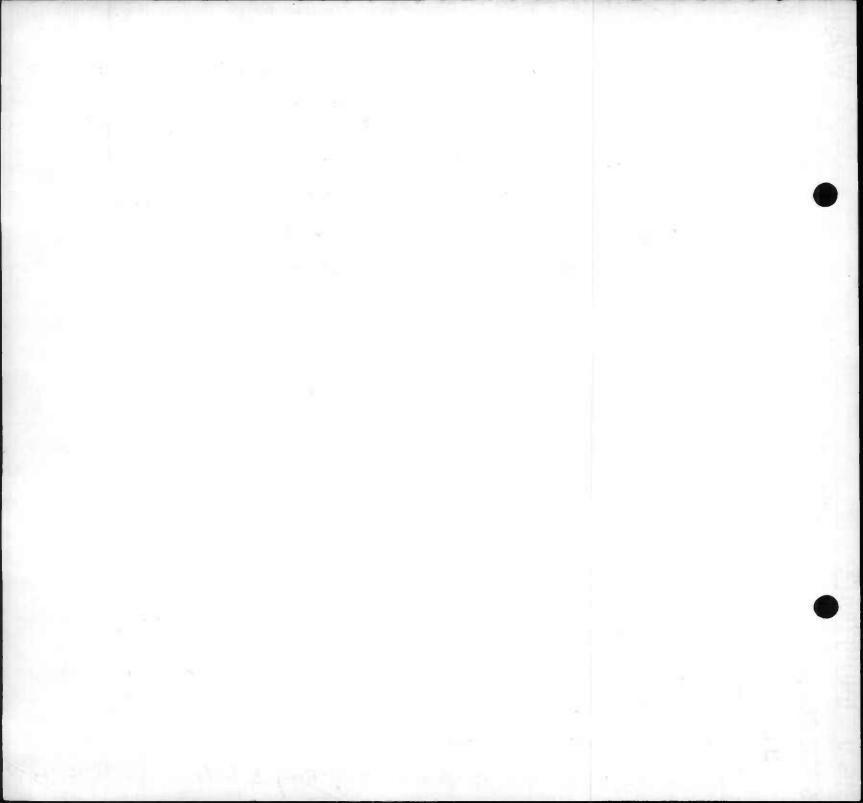
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Johnson, Lena
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 11/17/66 1:35 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A, STATE
B, COUNTY Marvland FULL NAME OF (If not in hospital or institution, give street oddress or location) HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RORAL and give INSTITUTION Baltimore D. STREET ADDRESS (If rurol, give location) The Johns Hopkins Hospital 4426 Finney Avenue or final disposition is made 9. AGE (In years 7. MARRIED, NEVER MARRIED If Under 1 Yr. Months: Doys 6. RACE B. DATE OF BIRTH Il Under 24 Hrs. Hours : Min. 5. SEX Hours WIDOWED, DIVORCED (specily) Female 11 months Child 12/7/65 Negro 10 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) (40 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Jimmy Gloria Cameron 5. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed Tetrology of Fallot LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES dre DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the before the remains UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION CERTIFI WAS PERFORMED 04 Fallot Tetroloa 21 A. ACCIDENT WAS UNDERLYING DIB. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, loctory, street, olfice bldg., INJURY OCCUR? (II in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notily medical examined be obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram.... that (1) (was) last sow the deceased alive an 17PM and that in(my) (aur) opinion death occurred on the date and haur and fram the causes stated above. (1) (We) (did) (didner) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Director Stoff approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Jerry S. Dorman Johns Hopkins Hospital 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specily) 11-18-66 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR



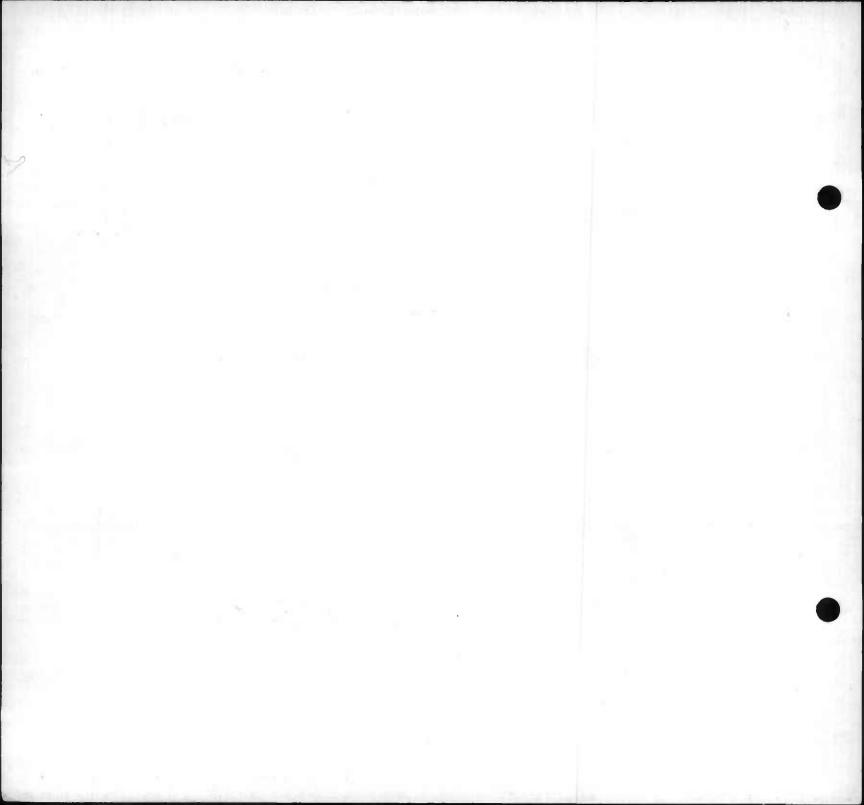
66 11575	BALTIMORE CITY	HEALTH DEPARTMENT		CC 44555
TRITH NO.	CERTIFICA	TE OF DEATH	Registered Na,	66 11575
A.E. CASE NO. NAME OF DECEASED			ID HOUR OF DEATH	
Type or Print) Charles F. You	ha	Ala	15-101	1117.176
PLACE OF DEATH IN BALTIMORE, MARYLAND	1	4. USUAL RESIDENCE (When	e deceosed lived. If inst	itution: residence before odmissio
FULL NAME OF (If not in hospital or institution, grand oddress or location)	ve street	Maryland C. CITY OR TOWN III OUT		IRAL and My towashigh
Maryland General H	lospital	Baltimore		22-4
48	0		rurol, give location) I ford Ave	
Male 6. RACE 7. MARRIED, N. WIDOWED, WIDOWED,	DIVORCED (specity)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF I one during most of working life, even if retired)		11. BIRTHPLACE (State or torei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Editor New	Spaper	Marylan.	d	U.5A.
FATHER'S NAME	7	14. MOTHER'S MAIDEN NA		
Oliver F. Young		Elva Ch	ance	
es, no or unknown) (It yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT Ralph Young	5515 We	A/
7	13-03-2198	(500)	Balto. 1	
18.42011	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	/	Musca del	T. fat.	31.
(This does not mean the made of dying, e.g.,	(A) DUE TO	Macarola	Intaction	1 30273
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	п		0 1	/
	a AT	Leroscleratio	(and prosect	in Dii Hanne
ANTECEDENT CAUSES	DUE TO			y 12:1
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the	(0)			
UNDERLYING CONDITION last.	(C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or No		NDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAUS	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 218. P	LACE OF INJURY (e.g., in form, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
	NJURY OCCURRED	21E HOW DID IN	Hay Occilin	
(ARROY) While	At Not While	21 F. HOW DID INJ	URY OCCUR?	
Work	At Work			
22. I certify that (I) (this hospital) attended the		Vov. 12 1	19 66 to 100	V /3 1966
that (I) (we) last saw the deceased alive on	NOV. 15	19_6_6and the	at In(my <u>) (aur) a</u> pini	an death accurred an the d
and haur and fram the causes stated above. (1)				
23A. SIONATURE	011		1:	23 B. DATE SIGNED
Whichal Thou	M.D. Atte	nding Med.	Stoff Phys.	11/15/11
23C. PHYSICIAN'S		23D. ADDRESS	rnys.	110/66
NAME (Type)		OD. ADDRESS		1
	M.D.		30	
4A. BURIAL CREMATION, 248. DATE 24C. NAME REMOVAL (Specify)	ME of CEMETERY OF CRE	MATORY 24D. LO	OCATION (City,	town, or county) (Stote)
	odlawn Ceme	terve	ltimore, Mar	valand
5A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF		25C, FUNERAL DIRECTOR		ADDRESS
		FM + VIII		berty Hghts, Av

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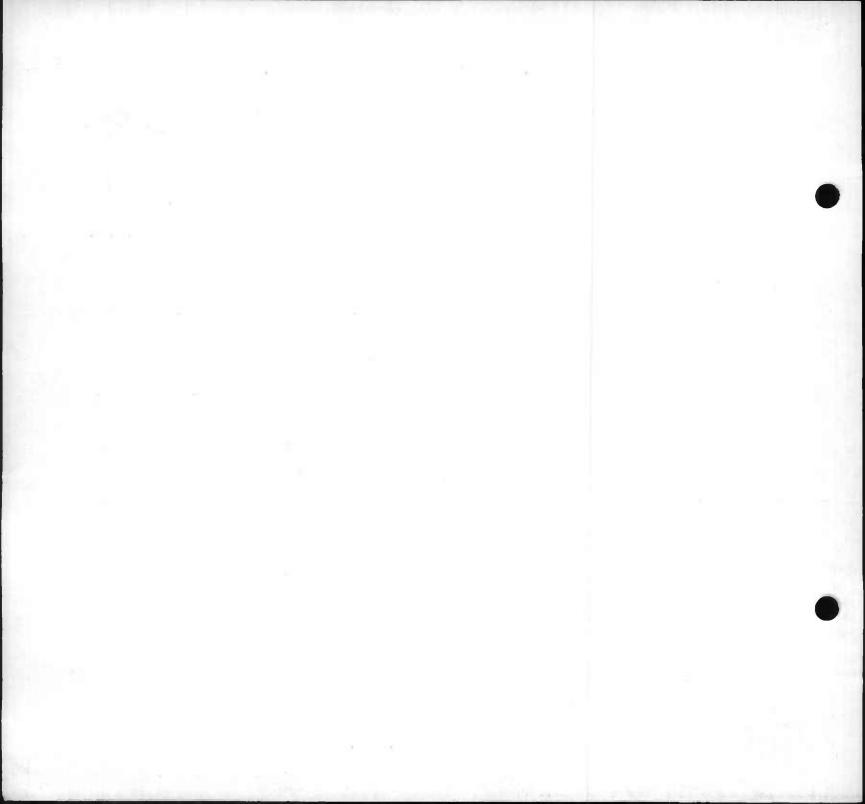
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	snows; (1) An accident of any nature; (2) body burns; (3) A tracture of any kind; (4) Underermined cause; (3) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
		41	_	_	-

BALTIMORE CITY HEALTH DEPARTMENT 66 11576 66 11576 Registered No. CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased tived. If institution: residence before admission)
A. STATE
B. COUNTY Alexander Coleman 3. PLACE OF DEATH IN BALTIMORE MARYLAND FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township) INSTITUTION Baltinore D. STREET ADDRESS 1103 Calhoun Street (It rurol, give tocotion) 5. SEX 7. MARRIED, NEVER MARRIED 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. It Under 24 Hrs. Months Days Hours WIDOWED, DIVORCED (specify) lost birthdoy 2-11-86 Negroid IDA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most at working life, even if retired) Virginia U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Beulah Smith 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Tes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Julia Noel 1B. def CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 2rd 10 Vasculor Distala LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It meons the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURT (e.g., in or about 21C. WHERE DID home, tarm, factory, street, office bldg., INJURY OCCUR? (It in Boltimore City, give exact location) DEATH (notity medical examiner) etc.) MEDI (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURT OCCUR? OF INJURY While At | Not While (APPROX.) At Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive on 1999 and that in (my) (aur) opinion death occurred on the date ond hour ond fram the couses stated above. (1) (We) (did) (did not) view the body ofter death. 23A, SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Director 23D. ADDRESS 23 C. PHYSICIAN'S 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORT REMOVAL (Specify) Burial

Arbutus Lem. Arbutus, Maryland 25C. FUNERAL DIRECTOR 25A. DATE REC'D BT HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS VS 150-REV, 1/1/65



	PC 445 PC	BALTIMORE CITY H	EALTH DEPARTMENT		CC 115 10
11	TH NO. 66 11577	CERTIFICAT	E OF DEATH	Registered No	66 11577
1.	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	400
(')	Harry N. Sebre	ee	Nov.	17, 1966	itution: residence before admission)
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN'	e deceosed lived. If inst TY	itution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give	11	Maryland		
	HOSPITAL OR oddress or location)	311001	C. CITY OR TOWN (If out	side city limits, write RU	RAL and give lownship)
	111311011011		Baltimore	10	1-0)
1) 0 1806 Druid Hill Avenu	10	D. STREET ADDRESS (If r	urol, give location)	- control
	O 1000 Braza mili mvene		1806 Druid H	ill Avenue	9
5.	SEX 6. RACE 7. MARRIED, NEV			AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
-	Tale Negroid Widows	VORCED (specify)	2-4-04	((Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	INESS OR INDUSTRY 11	1. BIRTHPLA CE (State or foreig	or Jrs.	12. CITIZEN OF
	ne during most of working life, even if retired)				WHAT COUNTRY?
2	FATHER'S NAME		Virginia MOTHER'S MAIDEN NAM	A E	U.S.A.
3.		14			
	Charles Sebree		Rebecca S	eldon	
5. Y	Was Deceased Ever in U. S. Armed Forces? 16.	SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS
	37	I O O TILLO	0 1	0.500	
_	NO 17	CAUSE OF	Oscar Sebree	2503 11. 1	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	m.	comorna DA	To contra	nudo
	(This does not mean the made of dying, e.g.,	DUE TO	70 Van Vina / 1	Eh WILL COM	700
	heart failure, osthenio, etc. It meons the disease, injury or complication which caused death.)				
	ANTECEDENT CAUSES	(B) Car	C1217749 024	Vactor	2-18
		DUE TO			
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoting the	(C)	······································		
	UNDERLYING CONDITION lost.	00000 0n m00000000000000000000000000000			
_	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
AT	DISEASE OR CONDITION CAUSING IT.		100.4	V 00B 15 W	
FRTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION	20 A. AUTOPSY? (Yes or No.)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
-			1 1016 1016	000	
7	OR CONTRIBUTING CAUSE OF home, for	orm, foctory, street, office	e bidg., INJURY OCCUR?	(It in Boltimore	City, give exact location)
CAL	DEATH (notify medical examiner) etc.)				
FDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJ	URY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
>	(APPROX.) While A	Not While At Work			
	VY O'R		1 =1/ /1/ .	0 11	.17
	22. I certify that (1) (this haspital) attended the d				
	that (I) (we) last saw the deceased alive an	11-17-66	19and the	at in(my) (our) apini	ian death accurred on the date
	and haur and from the causes stated above. (I) (W	e) (did) (did ngt) vie	w the bady after death.		
	23A. SIGNATURE				23 B. DATE SIGNED
	De surte Class	M.D. Attend	Med. Director	Stoff Phys.	11/18/66
	25C. PHYSICIAN'S		D. ADDRESS		11000
	NAME (Type)	M.D.	5'58 Gran anin	ala H Ti	Prish And
26	A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY of CREM	ATORY BAD IS	OCATION (City	, town, or county) (Stote)
. 4	REMOVAL (Specify)	J. Servicient of Cherry			
		itus Lem. I		rbutus, La	uryland
25	A. DATE REC'D BY HEALTH SET 966 25 NAME OF R	GISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	To T	TOWER !!	Geome Kele	on 1348 II.	, Calhoun Stree



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death.

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a hospital

ыктн но. 66 11578		CATE OF DEATH Registered No.	66 11578			
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Minnie	C. Walters	2. DATE AND HOUR OF DEATH NOV. 18, 1966	630A M			
3. PLACE OF DEATH IN BALTIMORE, MAR		4. USUAL RESIDENCE (Where deceased lived, If ins A. STATE B. COUNTY	titution: residence before odmission)			
FULL NAME OF (If not in hospital of HOSPITAL OR oddress or location INSTITUTION	or institution, give street)	Maryland c. CITY OR TOWN (If outside city limits, write R	Maryland C. CITY OR TOWN (If outside city limits, write RURAL ond give township)			
00 507 Radn	or Ave.	D. STREET ADDRESS (If rurol, give locotion)	7-10			
		507 Radnor Ave.				
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work	Widowed	4-24-1882 84				
done during most of working life, even if retired)	I BE KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Sales	Clothing _	New York	USA			
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	V 2000			
Isadore Cohen		Sophia Switzer				
15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give war or dates	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
no	212-01-00	37 Mrs. Isabelle L. Dols	Above			
DISEASE OR CONDITION DIR	500.0	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(A) C	rebral thrombosis	2 mos			
(This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which coused	the disease	rebral antenioscheros				
ANTECEDENT CAUSES	(B)	Topte an inscription	3 James grs			
DISEASES OR CONDITIONS, if or rise to the obove couse (A) UNDERLYING CONDITION tost.	ony, giving		0			

П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

DEATH (notify medical examined

MEDICAL

21 D. TIME

OF INJURY

(APPROX)

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION

> 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID office bldg., INJURY OCCUR?

IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location)

(Hour) 21E. INJURY OCCURRED While Not While At Work Work

24C, NAME of CEMETERY OF CREMATORY

21 F. HOW DID INJURY OCCUR?

Med. Director

20 A. AUTOPSY? (Yes or No)

22. I certify that (1) (this haspital) attended the deceased from

(Yeor)

and that in (1991) (car) opinion death occurred on the date

20B. IF YES, WERE FINDINGS CONSIDERED

(did not) view the body ofter deoth. and hour and fram

STONATURE 0 23C. PHYSICIAN'S NAME (Type)

Attending Phys. M.D 23D. ADDRESS Stoff Phys.

1 P A SIGNED

24A. BURIAL CREMATION,

6512 Liberty

24D. LOCATION (City, town, or county)

REMOVAL (Specify) 11-21-66 Burial Greenmount

Baltimore

Md.

(State)

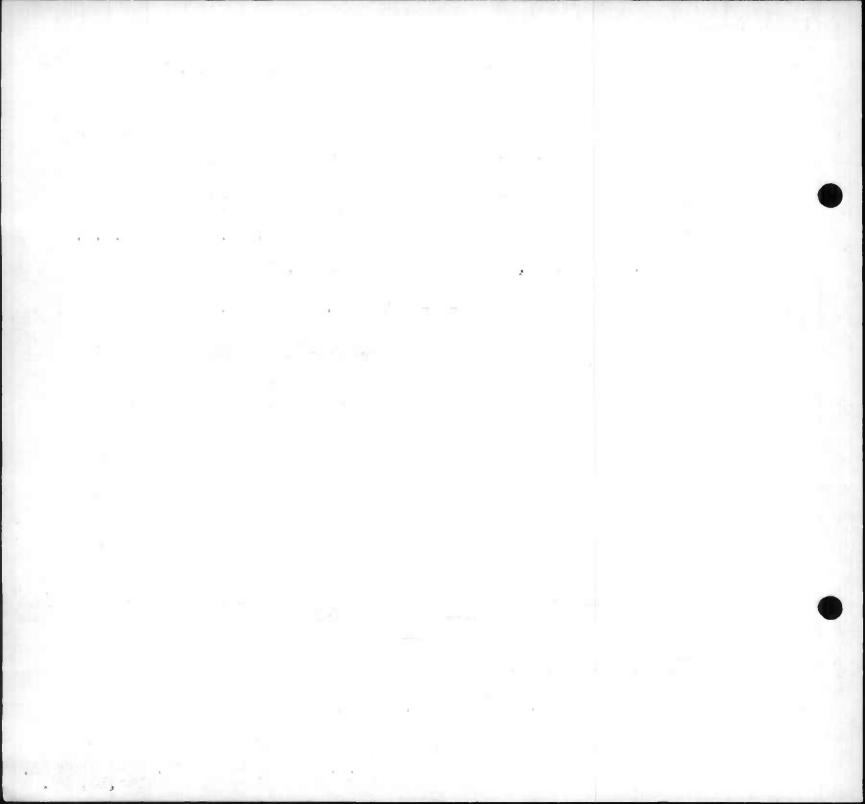
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

ADDRESS

.W. Jenkins & Sons Co.4905 York Rd.

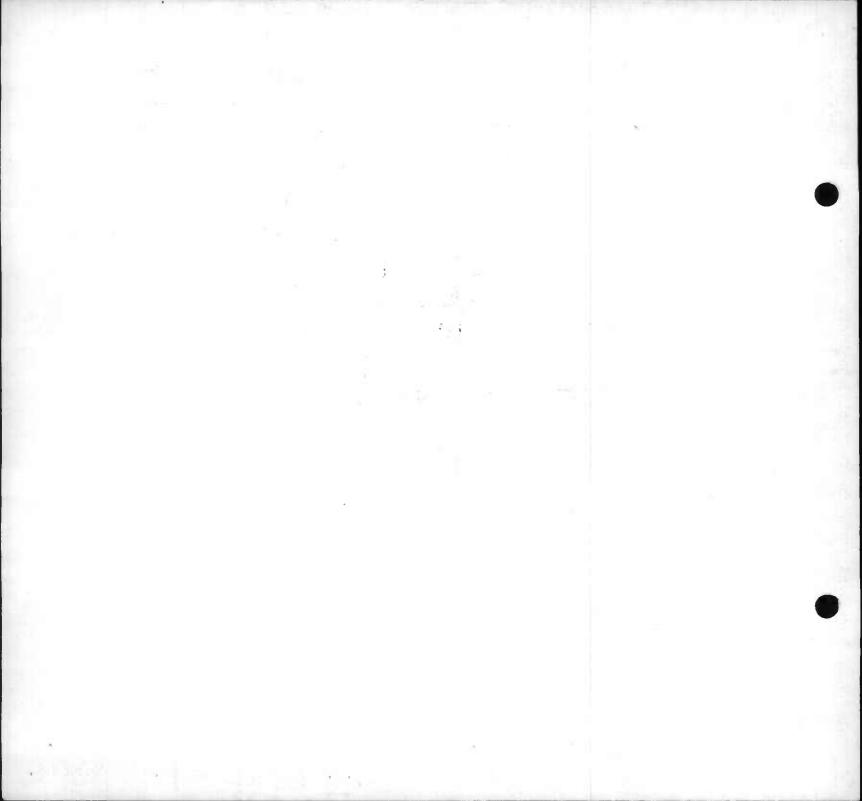


66 11579	BALTIMORE CITY	HEALTH DEPARTMENT		66 11579
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	00 11070
M.E. CASE NO. 1. NAME OF DECEASED		2, DATE AN	D HOUR OF DEATH	3 00
(Type or Print) Norris Har	ris	Nove	mber 17, 1	966 3 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		titution: residence before admissio
FULL NAME OF (If not in hospital or institution	in, give street	Maryland		•
HOSPITAL OR oddress or location) INSTITUTION			side city limits, write RU	JRAL ond give township
A		Baltimore D. STREET ADDRESS (IF	rurol, give locotion)	
O 2906 The Alamed	la	2906 The Al		
	ED, NEVER MARRIED WED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. , If Under 24 Hi Months: Doys Hours : Min.
	larried	3/7/1891	75	
IDA, USUAL OCCUPATION (Give kind of work 10 B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12, CITIZEN OF WHAT COUNTRY?
	cation	Baltimore,	Md.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
John L. Harris, Sr.		Mary J. Ca	lder	
5, Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service	215-34-6377	Mrs.Winifre	terest M 5	s (Same)
18.77 0	CAUSE O		d M. Halli	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	arter	oschustie, (Torder Vaces	da Duce
(This does not mean the made of dying, e	.g., DUE TO			
heart failure, asthenia, etc. It means the diseo injury ar camplication which caused death.)	se,			
ANTECEDENT CAUSES	(B)		******	·
DISEASES OR CONDITIONS, if any, giv				
rise to the above cause (A) stating	_			
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			950
TO THE DEATH BUT NOT RELATED TO				541
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	or obout 21C. WHERE DID	(If in Boltimore	City, give exoct locotion)
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not Whil	е		
(ATTROX)	Work At Work		110	1-11
22. I certify that (I) (this heaptral) attende	d the deceased from		949 10	11/17 1966
that (I) (we) last saw the deceased alive a	n. act	19 <u>06</u> and th	at in(my) (aur) apin	ian death accurred an the do
and hour and from the causes stated above	. (I) (We) (did) (did not) v	iew the bady after death.		
23 SIONATURE	1. /			23B. DATE SIGNED
Llaine L. Wars	M.D. After	ending Med. Director	Stoff Phys,	11/18/66
23C. PHYSICIAN'S	1	23D. ADDRESS		7/10/00
Thomas L. Wo	rsley, Jr.M.D.	6505 York	Road	
	NAME OF CEMETERY OF CRI			, town, or county) (Stote)
	lac comount	Pos	ttimone	Mon == I am =
	reenmount	25C. FUNERAL DIRECTOR	ttimore	Mar yland
.9	6 00 700 Da	H.W. Jenkins		. 4905 York Rd
VE 150 BEV 1/1/NOV 1 8 1966 (1.2)	at Startenta			Balto 12. Md.



66 11580	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	$-66 \cdot 11580$
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	HAAN	2. DATE AN	D HOUR OF DEATH	6 12:50P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	MDAII	4. USUAL RESIDENCE (When		stitution: residence before odmission)
FULL NAME OF (II not in hospital or institut HOSPITAL OR address or location)	ion, give street	no 1 .h		RURAN and give township
INSTITUTION		0 11	2	1-09
MARYLAND GENERA	1 Hospital	D. STREET ADDRESS (IF 14532 North	wood Dw.	
	NED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIN) done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
A STATE OF THE STA	WN HOME	Manylland		USA
13. FATHER'S NAME		14. MOTHER'S METHEN NAM	AE	
Richard Waller		EllentR	Riden	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	SECURITY NO.	MRS. MILN	REO S. B	ENNETT
No	219-20-9023	CATIONT		LLE, DELAWARE
18. 4 - 1 XI	CAUSE O	F DEATH '		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	a 18 m	ocaronal Infe	restina	12h.
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dise	e. DUE TO		Z.L	
injury or complication which caused death,)	0 33	rial Thrimbis	t _{ree}	12.ba.
ANTECEDENT CAUSES		LIVI TULINA	.	
DISEASES OR CONDITIONS, if ony, gi	VIII OF THE PROPERTY OF THE PR			12
UNDERLYING CONDITION last.		_		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 11 5 - 1 WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED	at Anemyma	a pon	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
OF INJURY (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
₹ (APPROX)	While At Not While At Work	•		
22. I certify that (I) (this hospital) attend	ed the deceosed from	11 9 1	9 66 10	11/16 19 66
that (1) (we) lost sow the deceased alive				
and hour and fram the couses stated above	e. (1) (We) (did) (dld not) v	lew the body after death.	Address	
23A. SIGNATURE			6. "	23B. DATE SIGNED
Thomas M Hudenty	Phy	s. Director	Stoff Phys.	11/16/1966
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	- A O	
THOMAS M. HUDA	M.D.			l Hospital
REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE		OCATION (Ci	ty, town, or county) (State)
Burial 11/19/66 25A, DATE REC'D BY HEALTH DEPT. 25B, NA	Western Ceme	tery Bal	timorê	Maryland
NOV 1 8 1966 (1.0.3)	TE LEGISTRAN	-H.W. Jenkins		
MAN TO 1200 (1) Car	J. C. Mervacal me	4 6	Baltim	ore 12, Md.

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6	00 41-		BALTIMORE CITY	HEALTH DEPARTMEN	NT .	00 11-
BIRTH-NO.	66 1158	5	CERTIFICA	TE OF DEAT	H Registered No	.66 11582
M.E. CASE NO. I. NAME OF DEC Type or Print)	CEASED			2. DA1	TE AND HOUR OF DEAT	
PLACE OF DE	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE A. STATE B. C MARYLAND	11-17- (Where deceased lived, If	-66 12.50A N
FULL NAME OF HOSPITAL OR INSTITUTION	oddress or tocation	1)			(If autside city limits, writ	te RURAL and give township)
THE JOHNS HOPKINS HOSPIT			OSFITAL	D. STREET ADDRESS 827 MCALE	(If rurol, give location) EER COURT	21202
S. SEX MALE	6. RACE NEGRO	7. MARRIED WIDOWE MARK	, NEVER MARRIED D, DIVORCED (specify)	6-22-00	9. AGE (In years lost birthday)	If Under 1 Yr. It Under 24 Hrs Months Days Hours Min.
	UPATION (Give kind of work working life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RALE I	GH HUDSON			14. MOTHER'S MAIDEN	VONES	
5. Wos Deceases	Ever in U. S. Armed For n) (It yes, give war ar date	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT LAVENIA		7 MC ALEER CT
18. / G	SE OR CONDITION DIE	RECTLY	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
(TL) = 1	LEADING TO DEATH	1	(A)	asphina		3 days
heart failure,	not meon the mode of asthenio, etc. It means mplication which coused	the disease	,		n mediestin	. 7
	ANTECEDENT CAUSES		DUE TO	Carcinomer C	- mediastin	Who B
rise ta Ih	OR CONDITIONS, il le abave cause (A) G CONDITION lost.					
E TO THE D	IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	TED TO TI				
	F OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes	OT NO) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examiner)	21 hai	B. PLACE OF INJURY (e.g., in me, tarm, foctory, street, af .)	or about C. WHERE D	DID (It in Baltin JR?	nare City, give exact lacotion)
21D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)	w	hile At Not While	e 🖳	D INJURY OCCUR?	,
22. I certify	that (1) (this haspital) attended	the deceased from	11/3/61	19ta	11/17/66 19
that (I) (we) lost sow the decease	ed olive on.	11/16/66	19	nd that in (my) (our) o	opinian death accurred on the da
		red obove.	1) (We) (did) (did not) v	iew the body ofter de	eoth.	
23A. SIGNAT	not sugart M	D	Phy	minding Med. Simple Med. Director	Staff Phys.	23B. DATE SIGNED 11/17/66
NAME	Toni,	GEMT	M.D.		OHNS HOPKIN	NS HOSPITAL
24A. BURIAL CRE REMOVAL	MATION, 24B. DATE		AME of CEMETERY OF CRE		4D. LOCATION	(City, town, or county) (Stole)
25A. DATE REC'D	7	1111	OF REGISTRAR	25C, FUNERAL DIRE	/.	ADDRESS

1966

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	66 11584	BALTIMORE CITY	HEALTH DEPARTMENT		00 14504
	H NO.	CERTIFICA	TE OF DEATH	Registered Na.	66 11384
1, N	AME OF DECEASED A FRANKLIN	WILLIAMS	2. DATE AN	D HOUR OF DEATH	6 1900 PM
3. F	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		stitution: residence before admission)
F	ULL NAME OF (If not in hospital or institution,	give street . *	Virginia		
	NSTITUTION Public (Ealth Se	ico Hashetal	C. CITY OF TOWN (If out	side city limits, write I	RURAL and give township)
	Mis. Treblic Health see	wide ivo j-	D. STREET ADDRESS (III	rurol, give locotion)	1-40
0	8		Box 122		
5. \$	F W WIDOW	D. DIVORCED (specify)	3-12-1915	9. AGE (In years lost birthdoy) 5	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
do	USUAL OCCUPATION (Give kind of work 10B, KIND C during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	MISEWIFE		VIRGINIA		U.S.
13.	PLOPE CHARACTER CONTRACTOR	AL PRUITT	14. MOTHER'S MAIDEN NAM	Print	
	Nos Deceased Ever in U. S. Armed Forces? , no or unknown)(If yes, give wor or dotes of service)	SOCIAL	17. INFRRMANT	1,000	ADDRESS
lite:	NO	None	Patient's	Chart	
	1B. / つ × 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	() a	· · · · · · · ·	1-1-1	CO /
	(This does not mean the made at dying, e.g.	, DUE TO	revenue of	hegher be	les 8 years
	hearl failure, asthenia, etc. Il means the disease injury or camplication which coused death.)	10.	- 1 la Ance	O	
	ANTECEDENT CAUSES	(B) U A	in rulluscu		
	DISEASES OR CONDITIONS, if ony, giving the la the abave couse (A) stating the				
	UNDERLYING CONDITION lost.	(C)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.				3
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	80	20A. AUTOPSY? (Yes or No	1) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	me, form, foctory, street, o	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	e City, give exact location)
	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 OF INJURY	E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
\$	(A BBBOOK)	hile At Not While ork At Work	OCT -	h	
	22. I certify that 🎉 (this hospital) attended	the deceased fram	2 - 1	1966 to 1W	V. 11 1966.
	that 🌓 (we) last saw the deceased alive an	1wv. 11	19 10 10 and th	at In (aup) (aur) api	nian death accurred an the date
	and haur and from the causes stated abave.				
	January Semuel SE	Nov. 11, 1966			
	PAMUEL LEE	, M.D. M.D.	US Public	Kealth	Service Hospital
24A	BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY OF CR	EMATORY 24D. L	OCATION (C	ty, town, or county) (State)
		ain Memorial (Cemetery Tax	ngier, Va.	2
25A		OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS 1. Mb
L	NOV 1 8 1966 P. C. B.	E, Janky MA	Mindeland	Hunnel ,	home Ensfield
A.2	150-REV, 1/1/65				

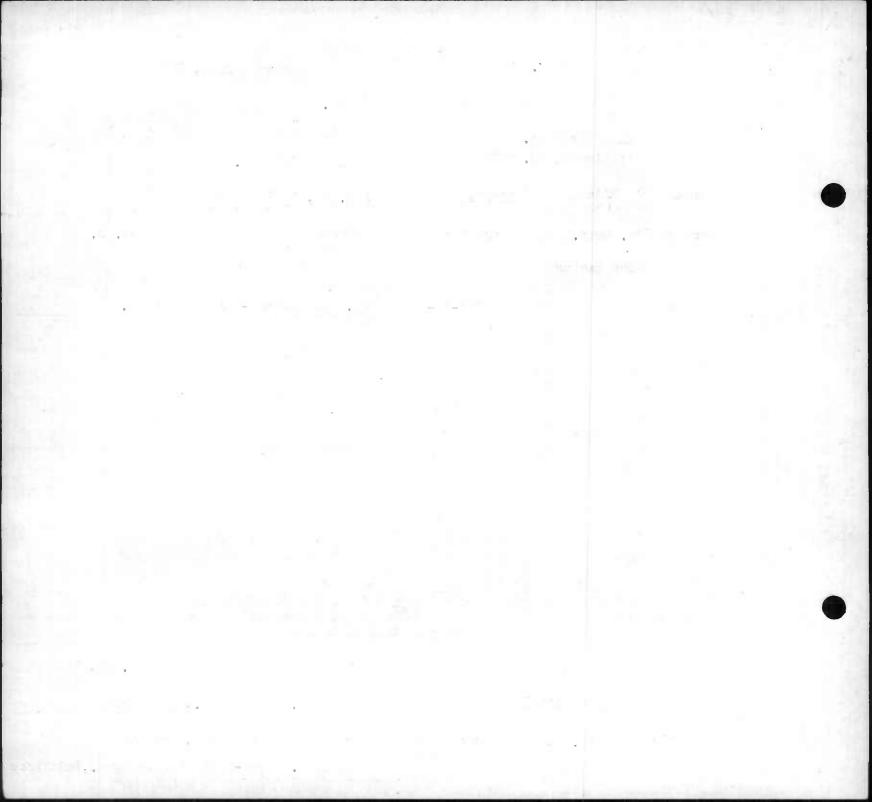
...etery

_	-	2	(Fe	2]	
pup	death	of any kind; (4) Undetermined cause; (5) Deceased 💉	unced death was in regular attendance on the	lendance on the deceased prior to death. Such	
his assistant if death occurred in a hospital and	so, if the direct or contributing cause of death	(5) Dec	ance o	death.	
n a h	Cau	use;	tend	r to	
red ii	uting	ed ca	ar at	prior	9
occur	ontrib	ermin	regul	pased	ie ma
death	or co	Judet	Is in	dece	Lition
it if	irect	(4)	h wa	n the	lieno
sistan	the d	kind;	deatl	TCB OF	o loui
his as	so, if	fany	pasu	endar	and or final disposition is made

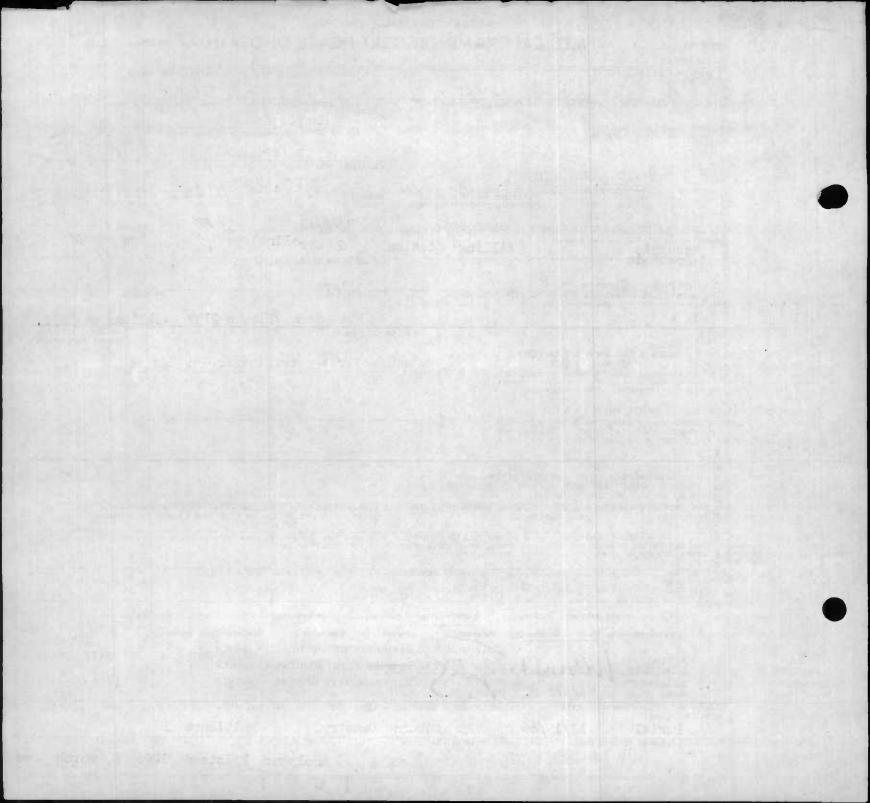
66 11565 66 11585 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) JOHN G. BACKUS November 11, 1966 M

4. USUAL RESIDENCE (Where deceased fixed. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY FULL NAME OF (If not in hospital or institution, give street Md HOSPITAL OR oddress or tocotion) C. CITY OR TOWN (If outside city limits, write RUPAL and give township **INSTITUTION** Baltimore LLOO Sixth St. D. STREET ADDRESS (If rurol, give location) Baltimore, Md. 21225 WOO Sixth St. 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoyl White Male Single Aug. 24, 1891 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. Service Sta. Oper. Gasoline Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Backus Emma Hagen 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL 17. INFORMANT SECURITY NO. Mrs. Emma Grant - 4400 Sixth St. 213-34-0108 No INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH miner. Als fracture o 9 (This does not meon the made of dying, e.g., heart failure, asthenio, etc. It means the disease, regular injury at camplication which coused deoth,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoting the physician before the remains UNDERLYING CONDITION last. chief medical dical Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 0 WAS PERFORMED the OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 2 Ü (If in Baltimore City, give exact location) where the hospital °Z DEATH (notify medical examiner) etc.) nature; MEDIC/ obtained (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) At Work Work and any 22. I certify that (1) (this hospital) attended the deceased from 19600 that (I) (we) last sow the deceased alive on... ond that in (my) (our) opinion death occurred on the date eath) of hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. the body was released 23B. DATE SIGNED 23A, SIGNATURE Attending X Med. Staff Nov. 15, 1966 0 Phys. Phys. Director approval 0 23 C. PHYSICIAN'S 23D. ADDRESS prior 0 at NAME (Type) Harry Deibel 1226 S. Hanover St., Baltimore D.O. A. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased REMOVAL (Specily) shows: 25A. DATE REC'D BY Baltimore, Maryland Nov.17.1966 Loudon Park Cemetery Was 25C. FUNERAL DIRECTOR ADDRESS George Jo Gonce-4001 Ritchie Hgwy. Baltimore VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



	00	11000		BALTIMORE CITY HEAL			00 11006
BIRT	TH NO,	MED	ICAL EX	KAMINER'S CI	ERTIFICATE	OF DEATH Regist	ered No.
$\overline{}$	E CASE NO.						
(Ty	Pe or Print)		m1		2.	DATE AND HOUR PRONOUNG	
0 8		Solo		nomas	III. HOURS COORDINA	11/13,	
3. P	LACE IN BALTI	MORE, MARYLAND, V	HERE PRONO	UNCED DEAD	A. STATE	B. CO	stitution: residence before odmission UNTY
FUL	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET		yland I (If outside corporate limits, wri	te RURAL and give township)
INS	TITUTION	ADDRESS OR LOC	ATION				17-10.
	~ ~					Baltimore (If rurol, give locotion)	1 4
	00	551 W. Hoff	man St			1 W. Hoffman St.	
5. S	EX I	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr, If Under 24 Hrs
	male	colored	WIDO WED,	DIVORCED (specify)		lost birthdoy	Months, Doys, Hours, Min.
104	III OCCII	PATION (Give bind of time	Sep	PENSINES OR INDUSTRY	2/28/13	Ste or foreign country 53	12 CITTEN OF
	e during most of w	orking life, even if retired)		ling Station	S Car	olina	12. CITIZEN OF WHET COUNTER?
13 1	Mechani FATHERCHAN	c ac	LTT	TIME SCRETCH	14. MOTHER'S MAIL		
1 3. 1	_				NOTHER'S MAIN	DEN NAME	
15 4	George	Thomas	D FORCES?	116. SO CIAL	Flora 17. INFORMANT		ADDRESS
		If yes, give wor or dot		SECURITY NO.	17. HAPOKIMIANT		ADDRESS
	?				Mrs Sar	ra Thomas 2137	Widliams St Phil.
	18.			CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION D	IRECTLY				
		LEADING TO DEAT	H		osclerotic	cardiovascular d	disease
	heort failure,	ot moon the mode o osthenio, etc. It meon plication which coused	s the discose,	DUE TO			
	injury or com	pricarion which coused	deom.,				
		NTECENDENT CAUS		(B)			
	RISE TO THE	R CONDITIONS, IF ABOVE CAUSE (A)	TATING THE	DUE TO			
7	UNDERLYIN	G CONDITION LAST.		(C)			
Ö		II					
NAT	OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTI	NG			
F		DEATH BUT NOT RE		'HE			
CERTIFICATION	19A. DATE OF			WHICH OPERATION	20A. AUTOPSY?	Yes or No) 208, IF YES, WERE F	
		WA2 LEI	RFORMED			no IN CERTIFYING CAL	DSES OF DEATH?
EDICAL	21 A. EXTERNAL UNDERLYING	CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21C. WH	ERE DID (If in Boltimore City,	give exact location)
ğ	UTING CAUS		etc.)	,, 10111, 100101,,			
Σ		(Month) (Doy) (Yes	or) (Hour) 2	TE. INJURY OCCURRED	21 F. HOW	V DID INJURY OCCUR?	
	OF INJURY (APPROX.)		,	WHILE AT NOT	WHILE		
	22.		m.]\	WORK L AT W	ORK []		
	I certi	fy that I held an	Inquiry	Inspection X Aut	apsy and t	hat an this basis, death In	my opinian
	result	ed fram: Notural co	uses X	Accident Suicide	e Homicide	Undetermined man	ner
		1	. (DICAL EXAMINER	DATE SIGNED
	SIGNATU	RE MESIA	es ha	7 - M.D.	ASSISTANT MED	DICAL EXAMINER 🔀	DATE 3.01125
	EXAMINE	ER'S		V		DICAL EXAMINER	11/14/66
00.	NAME (T			tz, M.D.		loop to a to a	
	OVAL (Specify)		23	C. NAME OF CEMETERY O	CREMATORY		y, town, or county) (Stote)
	Buria		9/66	Mt Auburn	Cemetry	Baltimore	M
244	A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL	DIRECTOR	ADDRESS
		ANA T 8 1388	Pole	& E. Farley M.	Ado:	lphus Halstead	1206 W North A



-		66 1	1587	BALTIMORE CITY	HEALTH DEPARTMENT		66 14505
		H NO.	1.007	CERTIFICA	TE OF DEATH	Registered No	66 11587
		AME OF DECEASED			2. DATE AND	D HOUR OF DEATH	101=
	(Тур	mist tid-	homas (LEFFERSON	11-1	8-66	10.39 P.
	3. P	LACE OF DEATH IN BALT	MORE MARYLAND			deceased lived, If ins	titution: residence before admission)
	E1	ULL NAME OF (II not	in benefited as institut		MAPAI / SAIN		
	H	OSPITAL OR oddres	in haspitol or institut s ar lacation)	, ,	C. CITY OR TOWN (If auts	ide city limits, write RI	JRAC and give township)
0	L	INCOIN ME	MORIAIN	larsing Home	BALTIMARE		11-06
	2	7 CAREY S AltiMORE	treet		D. STREET ADDRESS	ural give lacation)	
	0	AltiMORE	, Md 21=	223	1215 0	CAREV	
	5. SI	EX 6. RACE		NED, NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths: Doys Hours Min.
	1	MW	W	1 dowed	9-18-1888	78	8
		USUAL OCCUPATION (Give during mast of working life, ev		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	in country)	12. CITIZEN OF WHAT COUNTRY?
	done	HELPE		REWERY	MARVILA	and a	USA
	13. F	FATHER'S NAME		JC 40 E K Y	MARYLIA 14. MOTHER'S MAIDEN NAM	NE .	
		3.6.	1 M2	7	5.1.1	4	4
	15. V	Was Deceased Ever in U. S.	Armed Forces?	1 6. SOCIAL	PULIA IT.	HARMAN	ADDRESS
		,no or unknown) (If yes, give		SECURITY NO.			ath .
		YES WORL.	d WAR I		ELLA SMITH	1215 5.	
		18.1221		CAUSE OF	DEATH		ONSET AND DEATH
		DISEASE OR CONI		Ca	RCINOMA	or Ponotat	
		(This does not mean the		e.g., DUE TO	~ C/ // // /7	7 1102111	
		heart failure, asthenio, etc injury or complication wh		ase,			
		ANTECEDEN	T CAUSES	(B)	i di dirawan man a man gang di yana polonjok ya dan dali barda di ili polonjok ya ya da gang da gang da gang d		
		DISEASES OR CONDIT	IONS, if ony, gi				
		rise to the above of UNDERLYING CONDITION		The (C)			
		ONDERCTING CONDITIO	14 1051.				
	Z	OTHER SIGNIFICANT CON					
2	ATION	TO THE DEATH BUT					
	FIG	19A. DATE OF OPERATION	198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED
,	ERTIFIC	0				III CERIII III C CAC	323 01 02011.
	0	OR CONTRIBUTING CAL	JSE OF	218. PLACE OF INJURY (e.g., in hame, form, factory, street, af	or about 21 C. WHERE DID	(If in Baltimare	City, give exact location)
	CA	DEATH (notify medical exam	niner)	etc.)			
}	144	21 D. TIME (Manth) (D OF INJURY	ay) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
	Z	(APPROX.)		While At Wark Nat While At Wark			1,000
		22. I certify that (1) (thi	966 10 11-	18 1966.			
		that (I) (we) last sow th	e deceased olive	on 11-18-66	19and tho	t in (my) (our) opin	ian deoth occurred on the dote
				iew the bady ofter death.			
		23A. SIGNATURE	11.		/		23 B. DATE SIGNED
	-	Willy >	Ihm home	M.D. Atte		Staff Phys.	11/18/66
		23C. PHYSICIAN'S			3D. ADDRESS	,	7010
		NAME (Type)	Sent	ARINE M.D.	930 white	look St	Balt 17 Md
L	24A.	BURIAL CREMATION, 24	B. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City	, town, ar caunty) (State)
		REMOVAL (Specify)	11-22-66	Day+ ins	Waterial -		- W-1
	25A.	DATE REC'DINVAHEALTH	DEPT 25B. NA		NATIONAL E	ALTIMOR	AL ADDRESS
		NOV 6.	1966	est & Fallwas	GGOLL SCHOOL	rellen 2101	Ele line Cire

Mus Scarling

the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased

if the direct

examiner.

and

a hospital

attendance on the

Such

to death.

prior

in regular

Mas

death

wha pronounced

physician

deceased prior ta death); and (6) Na physician was in regular attendance an the deceased prwritten approval must be obtained before the remains are embalmed or final dispasition is made.

shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any

(except where the

was D.O.A. at a haspital

the bady was released to the hospital by a medical

BALTIMORE CITY HEALTH DEPARTMENT

No	_66	11588

ш	BIRTH NO. 66 1158	8	CERTIFICA	TE OF DEATH	Reguest No	66 11588				
	M.E. CASE NO. 1. NAME OF DECEASED			2. DATE AND HOUR OF DEATH						
110	(Type or Print) ARCHIE	- WAYY 1 10			WBER 17.19	11 10120 A				
-	3. PLACE OF DEATH IN BALTIMORE, MA	ARYLAND	3							
11	37 TEACE OF DEATH IN DALIMORE, WA	AKILAND		4. USUAL RESIDENCE (Where deceosed lived. II institution: residence before admission) A. STATE B. COUNTY						
	FULL NAME OF (II not in hospital HOSPITAL OR oddress or location in the second of the	l or institution, g on)	nive street	C. CITY OR TOWN (IF 6	utside city limits, write R	URAL and give township)				
		MARY	LAND	BALTIMORE 15-37 D. STREET ADDRESS (If rurol, give location)						
H	8 HOSPITAL			3315 ELLAWONT STREET.						
	5. SEX 6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years					
	MALE NECRO	WIDOWED	, DIVORCED (specify)	11 12 11	lost birthdoy)	Months Doys Hours Min.				
1	1 4 11 0 1 1 1 0 1 1		PATED	4-11-11	55					
	tOA. USUAL OCCUPATION (Give kind of wo done during most of working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or los	reign country)	12. CITIZEN OF WHAT COUNTRY?				
	UNEMPLOYED	_	~	UNKNOWN		V.S.A.				
l	13. FATHER'S NAME			14. MOTHERS MAIDEN NA	AME					
	JACKSON WILLIS			CUSSIE	?					
	15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown) (III yes, give wor or do	orces? tes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
Ш	UNENOUN		-	ANNETTE SAV	AGE 7	11 W. FAYETTE ST.				
1	18. 2 9. 2 X 1		CAUSE O	FDEATH		INTERVAL BETWEEN				
	DISEASE OF CONDITION D	IRECTLY				ONSET AND DEATH				
		s does not mean the mode of dying, e.g., DUE TO		PONIC RENAM	L FAILURE	2 YEARS				
		(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	DUE TO		1 //100/					
H	heart tailure, asthenio, etc. It mean injuly al complication which cause									
	ANTECEDENT CAUSE		(B) HYPE	BEASE	VASCULAR	2 TEARS				
I			DUE TO D	ISEASE.						
	DISEASES OR CONDITIONS, il		10 E3S	ENTIAL HYPE	RTENSION	2 YEARS				
I	UNDERLYING CONDITION lost.	olding in	(0)							
	11									
	O OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		11		2712220				
1	TO THE DEATH BUT NOT REL	IT.	LONGESTIV	E ITEART F	PAILURE	24EARS				
MEDICAL CERTIFICATION	19A. DATE OF OPERATION 19B. CO	NDITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE F					
I	OR CONTRIBUTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID		City, give exact location)				
	A DEATH (notify medical examiner)	NE etc.)		are stage, invoki occok.						
	O 21 D. TIME (Month) (Doy) (Yeor		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?					
	OF INJURY (APPROX.)	Whi	le At Not While							
	Work L. At Work L.									
	22. I certify that (+) (this haspital) attended the deceased from NON EMBER 2, 19 66 to NON EMBER 1), 1966									
	that (I) (we) lost saw the deceas	that (1) (we) lost saw the deceased alive an NON ENDER 17, 19 66 and that in (my) (out) opinion death accurred an the date								
	and hour and from the causes sto	ated above. (I) (Wa) (dld) (did not) v	iew the bady after death.	•					
	23A. SIGNATURE	. 0				23 B. DATE SIGNED				
	mu Q Day C. Dum	les b	M.D. Atte	nding Med.	Stoll	NAI 17 1966				

23°C. PHYSICIAN'S NAME (Type)

23 D. ADDRESS

JOHN JP 24A. BURIAL CREMATION, 24B. DATE

UNINFOF M.D.

24D. LOCATION (City, town, or county)

REMOVAL (Specily) 6 MT Calvary

County A A

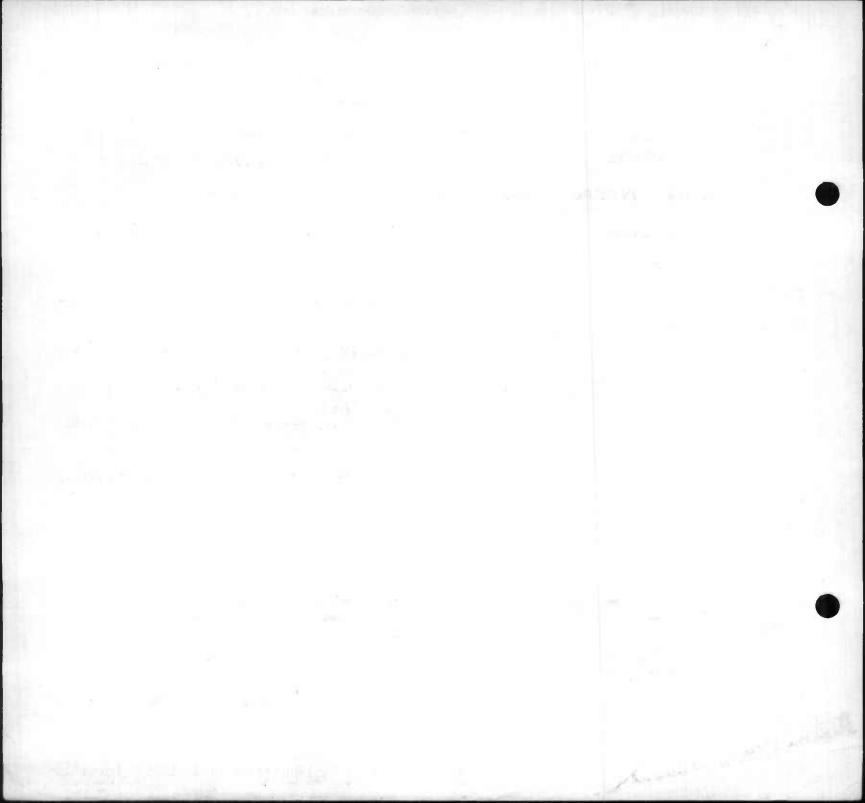
Burial 11/21/66

Cemetry A

ADDRESS 1206 W North Age

VS 150-REV. 1/1765

Adolphus Halstead

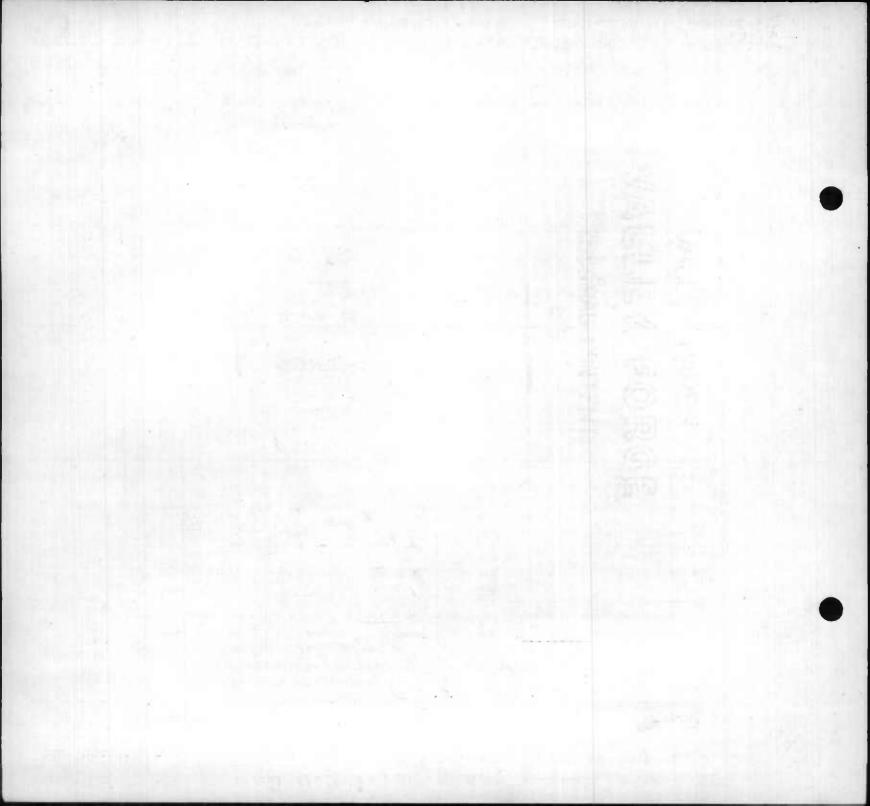


	NAME OF DEC	CEASED				2 DATE AND	HOUR PRONOUNCE	D DEAD		
(Ту	pe or Print)		Shelby	Torrnow		2. DATE AND		4/66		2
3.	PLACE IN BALT	IMORE, MARYLAND		Joyner DUNCED DEAD	4. USUAL I	RESIDENCE (Where d	eceosed lived, If insti B. COU	tution: res		
FU	LL NAME OF	(IF NOT IN HOS	PITAL OR INSTI	TUTION, GIVE STREET	C. CITY OR	Maryland	corporate limits, write	RURALA	and give towns	hin)
	SPITAL OR	ADDRESS OR LO	CATION			Baltimore	corporote titilia, with	17	ond give lowing	5)
	2/0					ADDRESS (If rurol, g	give location)			
	00	Franklin S	quare Hos	spital		1309 Lanv	ale St.			
	female	6. RACE colored	wido wsb.	parated parated	8. DATE OF	?	9. AGE (In years lost birthdoy)	If Und Months	er 1 Yr. If Unde	Min.
dor	duriHouse	UPATION (Give kind of workung life, even if retire	work TOB, KINDER	paratesdor INDUSTR		Carolina	country)	12. CITI WH U	ZEN OF AT COUNTRY?	
13.	FATHER'S NAM				14. MOTHER	S MAIDEN NAME				
10	Andrew			134 60 6141	Mar					
		D EVER IN U.S. ARA (If yes, give wor or		16. SO CIAL SECURITY NO.	Mr Mr	Thomas E	Joyner 510	ADDRE:	Calhoun	St
	18.	4 XI		CAUSE	OF DEATH				INTERVAL BE	
	DISEAS	SE OR CONDITION	DIRECTLY	D 1			1 - and on a second			
	(This does r	not mean the mode , osthenio, etc. It me		(APurulen	t perit	onitis for	lowing rupt	cure		
	injury or cor	mplication which cous	ed deoth.)	of	tubo-ov	arian absc	ess			
		ANTECEDENT CAL		(B)						
	RISE TO TH	OR CONDITIONS, I	STATING THE	DUE TO						
Z		NG CONDITION LA	51.	(C)						
ATIO	OTHER SIGN	II	NO CONTRIBUTE	INC					13-51	
ERTIFICATION	TO THE	NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUS	RELATED TO	THE Fatt	y alter	ation of 1	iver			
CERT	19A. DATE OF	OPERATION 198.		WHICH OPERATION			OB. IF YES, WERE FIN N CERTIFYING CAUS YES			
0	21 A. EXTERNA UNDERLYING UTING CAU	OR CONTRIB-	21 B hom etc.	PLACE OF INJURY (e.g., e., form, foctory, street,	in or obout 21	C. WHERE DID (IF	9	ve exoct	locotion)	
MED				21E. INJURY OCCURRED	21	F, HOW DID INJUR	Y OCCUP?			
	OF INJURY				WHILE					
	22.	tify that I held an	Inquiry 🗌	Inspection Au	apsy X	and that an this	basis, death in m	y apini	an	
	resul	ted fram: Natural	causes	Accident Suicid	e Ha	micide Ur	ndetermined manne	er 🗌		
	ACTUAL	Inte	1	5-1		F MEDICAL EXA			DATE SIG	SNED
	SIGNAT	URE //FL	My.	Su (M.D		T MEDICAL EXA		1		
	EXAMIN	T \	or II Co	itz, M.D.	ASSOCIAT	E MEDICAL EXA	AMINER	1	1/15/66	
	MOVAL (Specify	MATION, 23B DATE		3C. NAME OF CEMETERY	CREMATOR	Y 23D. LO	CATION (City,	town, or	county) ((Stote)
1	Burial	11/	19/ 66	Mt Calvary	Cemet	ry A	A County	M		
24	A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR		NERAL DIRECTOR		7	ADDRESS	
		6 - 4004	1000	C Za Que	A	dolphus H	alstead 120	06 W	North AV	е

B-360 66 11590

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. M.E. CASE NO.	TTOSU WED	ICAL EX	AMINER'S	CERTIFICATE OF	DEATH Registe	red NoDO 11590				
1. NAME OF DI	CEASED			12 DATE	AND HOUR PRONOUNC	ED DEAD				
(Type or Print)	CLASED	Theodore	e Boyd		11/13	/66 2:44 p. N				
	LTIMORE, MARYLAND, W			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission and STATE B. COUNTY						
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN (If outside carporate limits, write RURAL and give townsh						
48				D. STREET ADDRESS (If ru	150					
Maryl	and General 1	Hospital		2123 (Callow Ave.					
5. SEX male	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr, If Under 24 H Months, Days Haurs Min.				
		Baby		?						
done during most of	working lite, even if retired)	IOB. KIND OF	BUSINESS OR INDUSTR	Baltimore I	reign country)	U S A				
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME					
Theod	ore Boyd			Audrey B	undy					
	ED EVER IN U.S. ARMET		16, SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	, , , , , , , , , , , , , , , , , , , ,			Mrs Audrey	Bundy 2123	Callow Ave				
18. 41 0	0.9		CAUS	E OF DEATH		INTERVAL BETWEEN				
DISE	I ASE OR CONDITION D	IDECTIV				ONSET AND DEAT				
Distr	LEADING TO DEATH	1	(A)	Myocarditis						
(This does	not mean the mode at	dying, e.g.,	DUE TO	ilyocarareis		·····				
injury or c	e, asthenia, etc. It means amplication which caused	death.)								
	ANTECEDENT CAUSE					1 2 2 2 2 2				
	OR CONDITIONS, IF		(B)	***************************************	***************************************					
	HE ABOVE CAUSE (A) S									
	וויס סטויטוווטוי באטוי		(C)	***********************************	***************************************					
일 -	ll l									
OTHER SIC	SNIFICANT CONDITIONS	CONTRIBUTIN	G							
E DISEASE	DEATH BUT NOT RE		1E							
OTHER SIGNATION OTHER SIGNATIO	F OPERATION 198, CON	NDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes at N	IN CERTIFYING CAUS					
	AL CAUSE WAS	21 B, P	LACE OF INJURY (e.g.,	in ar about 21C. WHERE DID	Yes (If in Baltimore City, ai	ve exact location)				
UNDERLYING UTING CA	OR CONTRIB- USE OF DEATH.	home, etc.)	farm, factory, steet,	alfice bldg., INJURY OCCUR?						
21D TIME	(Manth) (Day) (Yea	ar) (Hour) 21	E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?					
(APPROX.)		m. W	HILE AT NOT	WHILE						
	22. I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion									
resu	resulted from: Notural couses X Accident Soicide Homicide Undetermined manner									
	1		1/1	CHIEF MEDICAL						
ACTUA		mel.	1275	ASSISTANT MEDICAL		DATE SIGNED				
SIGNA	11	70000	VI-SWIN	ASSOCIATE MEDICAL		11/14/66				
NAME	(Type) Werner	U. Spita	z, M.D.	ASSOCIATE MEDICAL	EXAMINER	11/14/00				
23A, BURIAL CR	EMATION, 23B. DATE 11/2		Mt Auburn	or CREMATORY 23D		y Md (State)				
	NOV 21 1966		E Fallson	Adolphus	or Halstead 120	06 W North Ave				
VS 151-REV. 1/1	/65	3 3	6 B Y	Z A O B						



VS 150-REV. 1/1/49

	CITY HEALTH DEPARTMENT
BIRTH NO. 66 11591 CERTIFIC	CATE OF DEATH Registered No. 66 11591
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) ANNA REDA	11-17-1966 7:30 A
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission A. STATE B. COUNTY
FULL NAME OF (If not in hospital ar institution, give street	MD:
HOSPITAL OR address or lacation)	C. CITY OR TOWN (If autside city limits, write RURAL and give tawgship)
INSTITUTION	
372 Marital	D. STREET ADDRESS (If rural, give lacation)
Murry Masporal.	506 S, MACON ST.
SEX 6. RICE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hi Manths: Days Hours Min.
FEMALE WHITE WIDOWED	7-26-1898 68
OA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDU:	STRY 11. BIRTHPLACE (State at fareign country) 12. CITIZEN OF WHAT COUNTRY?
	ITALY U.S.A.
HOUSE WORK AT HOME.	14. MOTHER'S MAIDEN NAME
GIUSEPPE TROSATTI	AGATA SANTACROCE
5, Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	
(es, no or unknown) (II yes, give war or dates of service) SECURITY NO.	15 AL 1 C.
NO NONE	ANTONIO REDA; 506 S. MACONST and
2601	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	04 1 0 3 1 40 7 1
(This does not mean the mode of dying, e.g., DUE TO	myocardial infarction Two days
hearl lailure, asthenia, etc. 11 means the disease,	myocardial infarction Two days
injury or complication which caused death.)	arteriosclaroszs
ANTECEDENT CAUSES (B) DUE TO	Arterioselerosis Giabetes mellitus
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C)	Ciphetes mellitus
UNDERLYING CONDITION Iosl.	<i>y</i> • • • • • • • • • • • • • • • • • • •
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	[20A. AUTOPSY? (Yes at No.)] 20B. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	e.g., in at about 21 C. WHERE DID (If in Baltimate City, give exact lacation)
OR CONTRIBUTING CAUSE OF hame, larm, factory, stree	et, affice bldg., INJURY OCCUR?
OF INJURY	
	While Nak
22. I certify that (I) (this haspital) attended the deceased fram	11-16-1966 19 10 11-19 1966
	19 66 and that in(my) (our) opinion death occurred on the d
and hour and from the couses stated obave. (1) (We) (did) (did no	
23A. SIGNATURE	23 B. DATE SIGNED
M.D.	Attending Med. Stoff
23C. PHYSICIAN'S	Phys. Director Phys. Let
NAME (Type)	
riang jew ru	M.D.
24A. BURIAL CREMATION, 248. DATE 24C. NAME at CEMETERY at REMOVAL (Specify)	
BURIAL 11-21-66, SACRED HE	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 401.5; CONKLING ADDRESS.
THE PROPERTY OF STATE	3 Charles Dodler BALTO, 21224, MD.

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arterishberry

Easter mellered

11-17 25

200 June 750 Fr

VS 150-REV. 1/1/65

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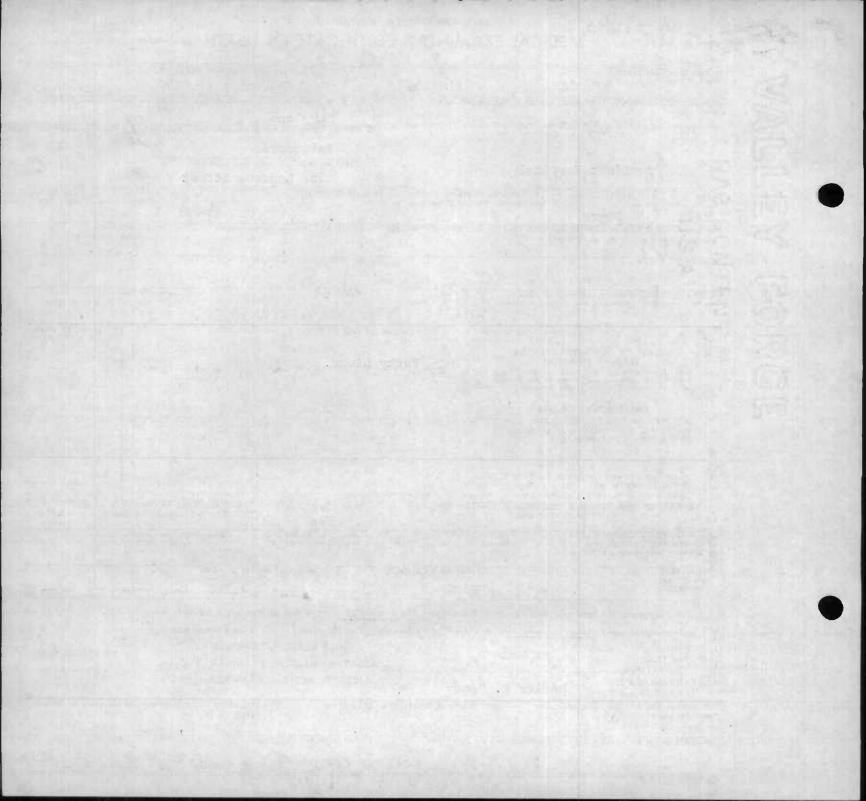
	66 113	199	BALTIMORE CIT	Y HEALTH DEPA	RIMENT		66 1159	9
BIRTH NO.	00 110	202	CERTIFICA	ATE OF D	EATH	Registered No	0	~
M.E. CASE NO.	EASED				2. DATE AND	HOUR OF DEAT	TH .	
(Type or Print)	Fra	ank Di	Blasi		Nov.	16, 1966		
PLACE OF DE	ATH IN BALTIMORE, MA		AID TO		DENCE (Where	deceased lived. If	institution: residence before	odmi
CERT	HICARK	or institution, giv	NULU	A. STATE	B. COUNT aryland	Y		
HOSPITAL OR	(If not in hospital oddress or location	l or institution, giv on)	12-21-	CITY OF TO	WN (If outs	ide city limits with	RURAL and give township	n)
INSTITUTION) I	altimor		and the second	1
				D. STREET ADD		ural, give location?		+
00	106 Warren	Ave.		1	06 Warr	en Ave.		
5. SEX	6. RACE	7. MARRIED, N	EVER MARRIED	8. DATE OF BIR		, AGE (In years	If Under 1 Yr. If Un Months Doys Hours	nder 24
W-7-0	White		DIVORCED (specify)	7 29 188		ost birthdoy) 80	Months Doys Hours	N
Male	UPATION (Give kind of wor		dowed			0.0	12. CITIZEN OF	-
	working life, even if retired)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WHAT COUNTRY	?
Contrac		Const	ruction	Ita			USA	
13. FATHER'S NA	ME			14. MOTHER'S	MAIDEN NAN	N.E.		
	John Di Blas:	i		Stell	la Unkn	own Maria	Stella Greco	
5. Was Deceased	Ever in U. S. Armed Fo	orces?	6. SOCIAL	17. INFORMANT			ADDRESS	
	(If yes, give wor or dot	tes of service)	SECURITY NO.	77 4 7			Como	
No				Family			Same	
18. /6	3 X I			OF DEATH			INTERVAL BET	
DISEA	SE OR CONDITION DI			Fan a	Lver	cel Co	2 & mor	is
(This does	nol mean the mode o		(A)	,				
heart failure,	asthenia, etc. Il mean	s the disease,	551 10	Far a	ng.	with		
	nplication which cause		(8)	T	7			
	ANTECEDENT CAUSE	5	DUE TO	men	ar in the		************	
	OR CONDITIONS, if		(C)					
rise to th	OR CONDITIONS, if e abave cause (A) G CONDITION last.		(C)		•••••			
rise to th	e abave cause (A)		, la l					
rise la Ih UNDERLYIN	e abave cause (A) G CONDITION last, IFICANT CONDITIONS	Stating the	kenn			ioreler		
rise la Ih UNDERLYING	e abave cause (A) G CONDITION last.	Slaling The CONTRIBUTING ATED TO THE	, la l					
OTHER SIGN TO THE DISEASE OR	e above cause (A) G CONDITION last, II IFICANT CONDITIONS IEATH BUT NOT REL CONDITION CAUSING OPERATION 19B. CO	CONTRIBUTING ATED TO THE	, la l	hjid		20B. IF YES, WEF	RE FINDINGS CONSIDERED	
OTHER SIGN TO THE DISEASE OR	e above cause (A) G CONDITION last, II IFICANT CONDITIONS IEATH BUT NOT REL CONDITION CAUSING OPERATION 19B. CO	CONTRIBUTING ATED TO THE	Sener	hjid	arter	20B. IF YES, WEF	vi	
NOTHER SIGN TO THE DISEASE OR 19A. DATE OF 21A. ACCIDE 21A. ACCIDE CONTRIBUTION	e above cause (A) G CONDITION last. II IFICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING OPERATION 19B. COI WAS PE	CONTRIBUTING ATED TO THE IT. NOITION FOR WERFORMED	LACE OF INJURY (e.g.,	20A. AUTOPS	erter (Y? (Yes or No)	208. IF YES, WEF	RE FINDINGS CONSIDERED	
OTHER SIGN TO THE DISEASE OR 179A. DATE OF OR CONTRIBI	e abave cause (A) G CONDITION last, II IFICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING OPERATION 198. COI WAS PE	CONTRIBUTING ATED TO THE IT. NOITION FOR WERFORMED	Rener	20A. AUTOPS	erter (Y? (Yes or No)	208. IF YES, WEF	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTED ON THE CONTRIBUTED ON TO THE CONTRIBUTED ON THE CON	e above cause (A) G CONDITION last, II IFICANT CONDITIONS IEATH BUT NOT REL CONDITION CAUSING OPERATION 198. CO WAS PEI NT WAS UNDERLYING UTING CAUSE OF	CONTRIBUTING ATED TO THE IT. NOITION FOR WH RFORMED 218, P home, elc.)	LACE OF INJURY (e.g.,	20A. AUTOPS	erter (Y? (Yes or No)	20B. IF YES, WEF IN CERTIFYING (RE FINDINGS CONSIDERED CAUSES OF DEATH?	
OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIBITED DEATH (notify	e above cause (A) G CONDITION last. III IFICANT CONDITIONS IEATH BUT NOT REL CONDITION CAUSING OPERATION 19B. COI WAS PEI NT WAS UNDERLYING UTING CAUSE OF	CONTRIBUTING ATED TO THE IT. NOITION FOR WIRFORMED 21B. P home, etc.) (Hour) 21E. I White	LACE OF INJURY (e.g., form, foctory, street,	20A. AUTOPS in or obout 21C. Wooffice bldg., NJUR	erter (Y? (Yes or No) THERE DID T OCCUR?	20B. IF YES, WEF IN CERTIFYING (RE FINDINGS CONSIDERED CAUSES OF DEATH?	
OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTION OF INJURY (APPROX.)	e above cause (A) G CONDITION last, II IFICANT CONDITIONS IEATH BUT NOT REL CONDITION CAUSING FOPERATION 198. CO WAS PEI NT WAS UNDERLYING JTING CAUSE OF medical examiner) (Month) (Day) (Year	CONTRIBUTING ATED TO THE IT. NOITION FOR WIRFORMED 21B. P home, etc.) (Hour) 21E. I While Work	HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, NJURY OCCURRED At Not What Not We At Work	20A. AUTOPS in or obout 21 C. Wooffice bldg., INJUR	erter (Y? (Yes or No) THERE DID T OCCUR?	208. IF YES, WEF IN CERTIFYING (RE FINDINGS CONSIDERED CAUSES OF DEATH?	on)
OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTION OF INJURY (APPROX.)	e above cause (A) G CONDITION last, II IFICANT CONDITIONS IEATH BUT NOT REL CONDITION CAUSING OPERATION 198. CO WAS PE NT WAS UNDERLYING JTING CAUSE OF medical examiner) (Month) (Doy) (Year)	CONTRIBUTING ATED TO THE IT. NOITION FOR WE RFORMED 21B. P home, etc.) (Hour) 21E. I While Work	HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, NJURY OCCURRED At Work At Work deceased from	20A. AUTOPS in or obout 21 C. W office bldg., INJUR 21 F. Hi	HERE DID Y OCCUR?	208. IF YES, WEF IN CERTIFYING ((If in Baltim	RE FINDINGS CONSIDERED CAUSES OF DEATH?	n)
OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (10)	e above cause (A) G CONDITION last. II IFICANT CONDITIONS IEATH BUT NOT REL CONDITION CAUSING OPERATION 198. COI WAS PEI NT WAS UNDERLYING UTING CAUSE OF Medical examiner) (Month) (Day) (Year) that (I) (this haspital	CONTRIBUTING ATED TO THE IT. NOITION FOR WE RFORMED 21B. P home, etc.) (Hour) 21E. I While Work al) attended the sed alive an	HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, NJURY OCCURRED At Work At Work deceased fram At Work deceased fram At Work At Work deceased from At Work deceased f	20A. AUTOPS in or obout 21C. Woffice bldg., INJUR 21F. Ho	THERE DID Y OCCUR? OW DID INJU	208. IF YES, WEF IN CERTIFYING ((If in Baltim	RE FINDINGS CONSIDERED CAUSES OF DEATH?	(n)
OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (10)	e above cause (A) G CONDITION last, II IFICANT CONDITIONS IEATH BUT NOT REL CONDITION CAUSING OPERATION 198. CO WAS PE NT WAS UNDERLYING JTING CAUSE OF medical examiner) (Month) (Doy) (Year)	CONTRIBUTING ATED TO THE IT. NOITION FOR WE RFORMED 21B. P home, etc.) (Hour) 21E. I While Work al) attended the sed alive an	HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, NJURY OCCURRED At Work At Work deceased fram At Work deceased fram At Work At Work deceased from At Work deceased f	20A. AUTOPS in or obout 21C. Woffice bldg., INJUR 21F. Ho	THERE DID Y OCCUR? OW DID INJU	208. IF YES, WEF IN CERTIFYING ((If in Baltim	RE FINDINGS CONSIDERED CAUSES OF DEATH?	(n)
OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (10)	e above cause (A) G CONDITION last. II IFICANT CONDITIONS IEATH BUT NOT RES CONDITION CAUSING OPERATION 198. CO WAS PE NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Month) (Day) (Year that (I) (this haspite last saw the decease d fram the causes sta	CONTRIBUTING ATED TO THE IT. NOITION FOR WE RFORMED 21B. P home, etc.) (Hour) 21E. I While Work al) attended the sed alive an	HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, NJURY OCCURRED At Work At Work deceased fram At Work deceased fram At Work At Work deceased from At Work deceased f	20A. AUTOPS in or obout 21C. Woffice bldg., INJUR 21F. Ho	THERE DID Y OCCUR? OW DID INJU	208. IF YES, WEF IN CERTIFYING ((If in Baltim	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exact location and the control of the c	.19
OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 21 L certify that (I) (i.e.)	e above cause (A) G CONDITION last. II IFICANT CONDITIONS IEATH BUT NOT RES CONDITION CAUSING OPERATION 198. CO WAS PE NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Month) (Day) (Year that (I) (this haspite last saw the decease d fram the causes sta	CONTRIBUTING ATED TO THE IT. NOITION FOR WE RFORMED 21B. P home, etc.) (Hour) 21E. I While Work al) attended the sed alive an	HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, NJURY OCCURRED AI Not What At Work of deceased fram (Me) (did nat)	20A. AUTOPS in or obout 21 C. Woffice bldg., INJUR 21 F. Hunite 19 6 C view the bady of the bady o	HERE DID OCCUR? OW DID INJU	208. IF YES, WEF IN CERTIFYING ((If in Baltim JRY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exoct locoho	.19
OTHER SIGN TO THE DOTON TO THE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (te) and haur an 23A. SIGN TO 23C. PHYSICIA	e above cause (A) G CONDITION last, II IFICANT CONDITIONS IEATH BUT NOT REL CONDITION CAUSING FOPERATION 19B. CO WAS PE NT WAS UNDERLYING JTING CAUSE OF Medical examiner) (Month) (Doy) (Year that (I) (this haspital last saw the decease d fram the causes sta	CONTRIBUTING ATED TO THE IT. NOITION FOR WE RFORMED 21B. P home, etc.) (Hour) 21E. I While Work al) attended the sed alive an	HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, NJURY OCCURRED AI Not What At Work of deceased fram (Me) (did nat)	20A. AUTOPS in or obout 21 C. Woffice bldg., INJUR 21 F. Hinite k view the bady of thending the state of	HERE DID OCCUR? OW DID INJU and the ofter death.	208. IF YES, WEF IN CERTIFYING ((If in Baltim JRY OCCUR? 9	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exoct locoho ppinian death accurred a 23B. DATE SIGNED	.19
OTHER SIGN TO THE DOTS TO THE	e above cause (A) G CONDITION last, II IFICANT CONDITIONS IEATH BUT NOT REL CONDITION CAUSING FOPERATION 19B. CO WAS PE NT WAS UNDERLYING JTING CAUSE OF Medical examiner) (Month) (Doy) (Year that (I) (this haspital last saw the decease d fram the causes sta	CONTRIBUTING ATED TO THE IT. NOITION FOR WE RFORMED 21B. P home, etc.) (Hour) 21E. I While Work al) attended the sed alive an	HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, NJURY OCCURRED At Work At Work At Work At Work (Me) (did nat)	20A. AUTOPS in or obout 21 C. W office bldg., INJUR 21 F. Hi nile 19 6 view the bady of thending ys.	HERE DID OCCUR? OW DID INJU	208. IF YES, WEF IN CERTIFYING ((If in Baltim JRY OCCUR? 9	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exoct locoho ppinian death accurred a 23B. DATE SIGNED	.19
OTHER SIGN TO THE DOTON TO THE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (te) and haur an 23A. SIGN TO THE DOTON TO THE DO	e above cause (A) G CONDITION last. II IFICANT CONDITIONS IEATH BUT NOT REL CONDITION CAUSING OPERATION 19B. CO WAS PE NT WAS UNDERLYING JTING CAUSE OF medical examiner) (Month) (Doy) (Year that (I) (this haspita last saw the deceas d fram the causes sta	CONTRIBUTING ATED TO THE IT. NOITION FOR WE RFORMED 21B. P home, elc.) (Hour) 21E. I While Work al) attended the sed alive an ated abave. (I)	HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, NJURY OCCURRED At Work At Work (Me) (did nat)	in or obout 21 C. Woffice bldg., NJUR 21 F. Hristle 19 6 6 view the bady of the direction of the state of t	CY? (Yes or No) THERE DID TOCCUR? OW DID INJU and that ofter death. Aed. Director	208. IF YES, WEF IN CERTIFYING (If in Baltim JRY OCCUR? 9 6 ta 9 It in(my) (aur) of Shoff Phys. Stoff	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exoct locolio apfinian death accurred of the control	(19
OTHER SIGN TO THE DOTON TO THE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (te) and haur an 23A. SIGN TO 23C. PHYSICIA	e above cause (A) G CONDITION last. II IFICANT CONDITIONS IEATH BUT NOT REL CONDITION CAUSING OPERATION 19B. COI WAS PE NT WAS UNDERLYING J'ING CAUSE OF medicol exominer) (Month) (Day) (Year that (I) (this haspital last saw the decease d fram the causes sta	CONTRIBUTING ATED TO THE IT. NOITION FOR WE REFORMED 21B. P home, etc.) (Hour) 21E. I White Work al) attended the sed alive an ated abave. (I)	HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, NJURY OCCURRED At Not What At Work of deceased fram (Me) (did) (dld nat) C M.D. A Ph M.D. A Ph M.D. A Ph	in or obout 21 C. Woffice bldg., NJUR 21 F. Hristle 19 6 6 view the bady of the direction of the state of t	CY? (Yes or No) THERE DID TOCCUR? OW DID INJU and that ofter death. Aed. Director	208. IF YES, WEF IN CERTIFYING ((If in Baltim JRY OCCUR? 9 G ta	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exoct locoho 238. DATE SIGNED 238. DATE SIGNED (City, town, or county)	.19
VOLLY OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIBI DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (i.e) and haur an 23A. SIGNATI 23C. PHYSICIA NAME (I)	e above cause (A) G CONDITION last. II IFICANT CONDITIONS IEATH BUT NOT REL CONDITION CAUSING OPERATION 19B. COI WAS PE NT WAS UNDERLYING JTING CAUSE OF medicol exominer) (Month) (Day) (Year that (I) (this haspite last saw the decease d fram the causes state IRE AN'S (ype) MATION, 24B. DATE Specify)	CONTRIBUTING ATED TO THE IT. NOITION FOR WE REFORMED 21B. P home, etc.) (Hour) 21E. I White Work al) attended the sed alive an ated abave. (I)	HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, NJURY OCCURRED At Work At Work (Me) (did nat)	in or obout 21 C. Woffice bldg., NJUR 21 F. Hristle 19 6 6 view the bady of the direction of the state of t	CY? (Yes or No) THERE DID TOCCUR? OW DID INJU and that ofter death. Aed. Director	208. IF YES, WEF IN CERTIFYING (If in Baltim JRY OCCUR? 9 6 ta 9 1t in(my) (aur) c	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exoct locoho 238. DATE SIGNED 238. DATE SIGNED (City, town, or county)	(19

6Mc Cully

130 E. Fort Ave

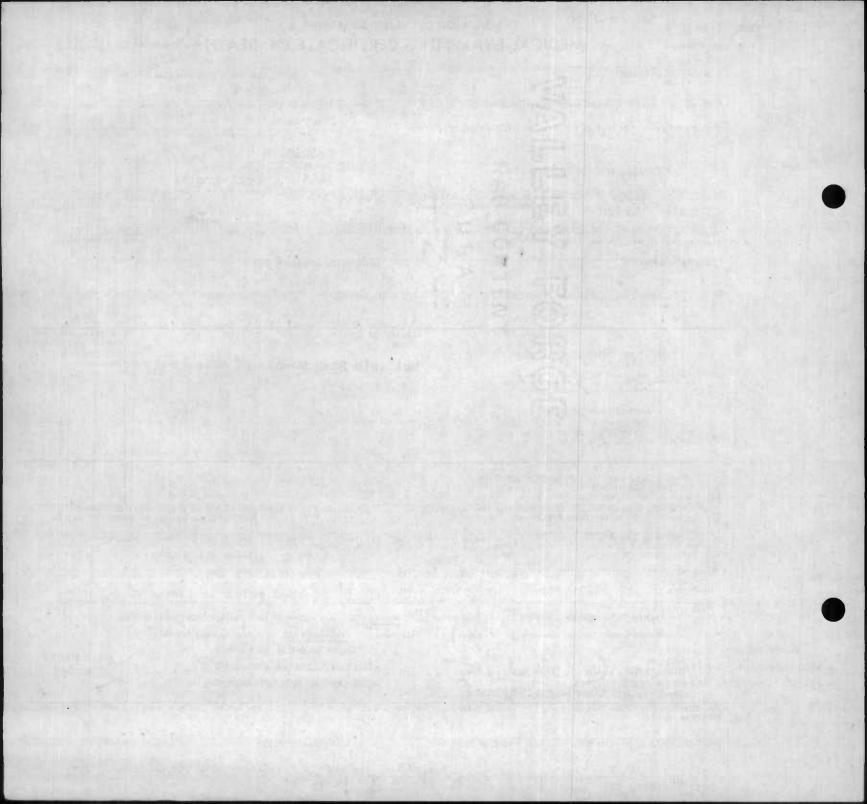
3

M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print) CHARLES ELDRIDGE	November 17, 1966 6:25 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside carparate limits, write RM RAY and give township) Baltimore
Provident Hospital	D. STREET ADDRESS (If rural, give location) 567 Laurens Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male Negro Never arried	8. DATE OF BIRTH 9. AGE (in years last birthday) Peb. 13,1926 140 If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.
10A. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTR	
Ch rles Eldrige	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war ar dates of service) 10. 212-16-576	7Anna Pollard 526567 Laurens St.
DISEASE OR CONDITION DIRECTLY	e Of DEATH INTERVAL BETWEEN ONSET AND DEATH y Liver.
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes at No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B, PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in ar about 21C, WHERE DID (If in Baltimare City, give exact lacation) affice bldg., INJURY OCCUR?
21D TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WORK AT V	21F. HOW DID INJURY OCCUR?
22.	de Homicide Undetermined manner
ACTUAL SIGNATURE EXAMINER'S Charles S Bothy	CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 11/17/66
NAME (Type) Charles 5. Felly	
23A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY REMOVAL (Specify)	Cem. Baltimore, laryland 24C. FUNERAL DIRECTOR ADDRESS Laryland ADDRESS AUGUST ADDRESS



F-432

				BALTIMORE CITY HEA				1563 1	150
BIR	TH NO.	MED	ICAL E	XAMINER'S	CERTIFICA	TE OF [DEATH Registe	red No.	1594
	E CASE NO.	CEASED				12 DATE AN	D HOUR PRONOUNC	ED DEAD	
	pe or Print)	LUCY		FIELDS			ber 17, 196		12:40 P
3. 1	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO		4. USUAL RESID		deceased lived. If inst B. COU		e before admission)
FU HO IN S	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TO	WN (If outside	e corporate limits, write	RURAL and gi	ive township)
(17)	9 Pro	vident Hospi	tal		D. STREET ADD		give locotion) orth Avenue	5	91
5. 5	SEX	6. RACE	7. MARRIED	, NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	If Under 1 Y	r. If Under 24 Hrs.
	Female	Negro	WIDO WED,	dowed	April 1	6, 190	13 last hirthdoy)	Months Day	s Hours Min.
		UPATION (Give kind of wor working life, even if retired)	FUOR KIND O	F BUSINESS OR INDUST	RYIII. BIRTHPLACE	Stote or foreig	n country)	U. D. 2	OUNTRY?
13.	FATHER'S NAM	ΛE			14. MOTHER'S M				
15.	WAS DECEASE	bert Boyd D EVER IN U.S. ARMED	FORCES?	16. SO CIAL	Jen 17. INFORMANT	nie		ADDRESS	
(Te	No ar unknawn	(If yes, give war or date	es of service)	SECURITY NO.	Jennie	Walke	r 1645 W.	North	INO
-	1B. 5 0	e o V		CAUS	E OF DEATH	0-3.22.0		INT	ERVAL BETWEEN
	DISEA	SE OR CONDITION DI	RECTLY						SET AND DEATH
		LEADING TO DEATH	1		tiple Stab	Wounds	of Chest ar	nd Nedk.	0000000
	heort foilure	, asthenia, etc. It means	s the disease,	DUE TO					
		ANTECENDENT CAUS	EC						
	DISEASES RISE TO TH	OR CONDITIONS, IF A IE ABOVE CAUSE (A) S NG CONDITION LAST.	ANY, GIVING	(B) DUE TO					***************************************
Z				(C)				••••••	-00-0
ERTIFICATION	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO						
CERTI		F OPERATION 198, CON WAS PER	NDITION FOR	WHICH OPERATION			208. IF YES, WERE FIL		
4	21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or about 21C.		(If in Baltimare City ai	ve exact lacatio	
EDIC	UNDERLYING	OR CONTRIB-	hometc.)	e, farm, factory, street,	office bldg., INJUR	Y OCCUR?	orth Avenue		
Σ	21 D TIME	(Manth) (Doy) fYea		21E. INJURY OCCURRED	21 F. H	OW DID INJU	IRY OCCUR?		
	(APPROX.)	11 17 '6	66 m.	WHILE AT NOT	WHILE X St	abbed m	ultiple time	es with	ice pick.
	22.	tify that I held on I	Inquiry 🗌	Inspection A	utopsy X on	d that on thi	s bosis, deoth in n	ny opinlon	
	resu	Ited from: Notural co	uses	Accident Suici			Indetermined monne	er	
	ACTUA	L ()/	. [1/		EDICAL EX		D	ATE SIGNED
	SIGNAT		rus J	M.I	ASSISTANT M			11	L/17/66
	HAME (S. Pet	ty	ASSOCIATE M	AEDICAL EX	CAMINER		
	MOVAL (Specif		23	C. NAME of CEMETERY	or CREMATORY	23 D. Le	OCATION (City,	, town, ar county	y) (Stote)
241	A. DATE REC'D	BY HEALTH DEPT	1248 NAME	OF REGISTRAR	Cem . 24C. FUNER	AL DIRECTOR	oss Hill,	S.C.	RESS
	N	OV 21 1966	00 B	E. Farleyma	Leon	se A. Ke	lan /348 N	Eller	S.L
VS	151-REV. 1/1/	⁽⁶⁵ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	103	0000	3 1 0	0 7			



VS 150-REV. 1/1/65

BALTIMORE	CITY	HEALTH	DEPARTMEN	ľ
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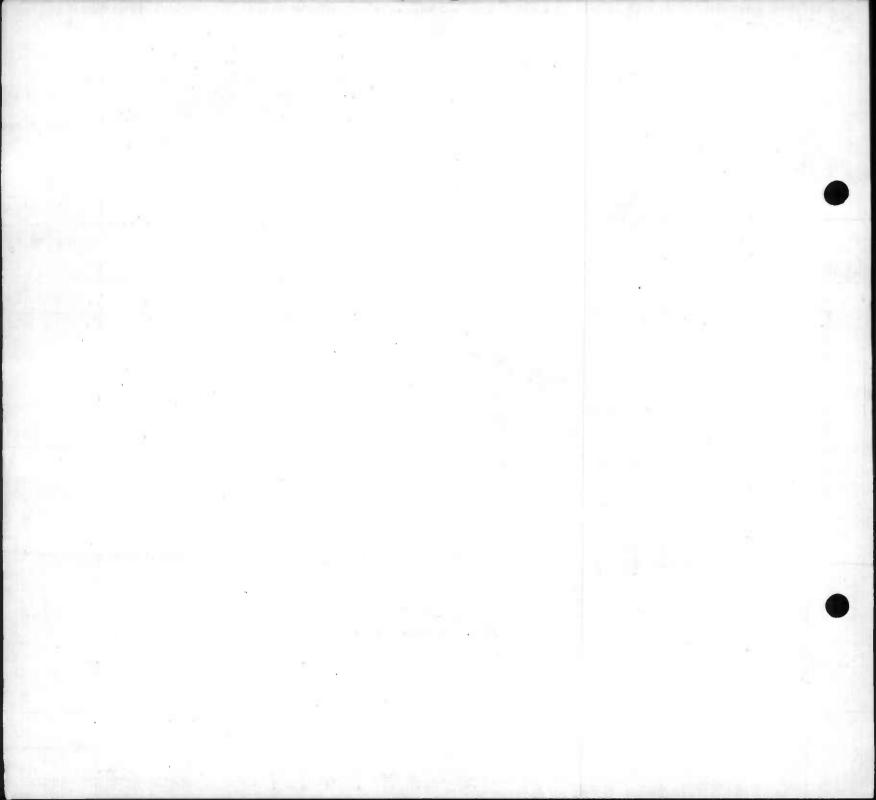
200	90 1 00		-	0 1	PA E A	-
FD		I ()			DEA	

66 11595	
	66 11595

RTH I	NO. 66 11590 CERTIFICA	ATE OF DEATH Registered No.	66 11595
1. NAM	AE OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type o	Clementine Woods	November 17, 196	66 6:45p
3. PLA	CE OF DEATH IN BALTIMORE, MARYLAND	November 17, 196 4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE B. COUNTY	itutian: residence befare admissia
HOS	L NAME OF (If nat in haspital or institution, give street oddress or location)	Maryland C. CITY OR TOWN (If outside city limits, write RU	RAL and give township)
	Provident Hospital	Baltimore	100
=	1514 Division Street	D. STREET ADDRESS (If rurol, give locotion)	
	Baltimore, Maryland 21217	340 Bloom Street	
5. SEX	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Days Haurs Min.
10A. US	male Negro Married SUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	uring most of working life, even if retired)		WHAT COUNTRY?
	Dougeurfe	Baltimore, Maryland	U.S.A.
	Lames Johnson	Lange tha Mean	N
15. Was (Yes, no	a Deceased Ever in U. S. Armed Forces? or unknown (If yes, give wor or poles of service)	17 INFORMANT	ADDRESS
	217-22-06	Bud Woods-husband	same
18.	3 G / X	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	0-1/. A.	
171	LEADING TO DEATH his does not mean the mode of dying, e.g., DUE TO		
he	his does not mean the mode of dying, e.g., DUE TO part foilure, asthenia, etc. It means the disease,	C- V. A	
in	jury ar complication which coused death.)	by percention	
	ANTECEDENT CAUSES (B)		
DI	ISEASES OR CONDITIONS, if any, giving		
	e to the obove couse (A) stating the (C)	***************************************	
0.	NDEKETING CONDITION 1081,		
z	THE CONTRACT CONTRACTOR CONTRACTOR		
E TO	THER SIGNIFICANT CONDITIONS CONTRIBUTING O THE DEATH BUT NOT RELATED TO THE		
	ISEASE OR CONDITION CAUSING IT. A.DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A AUTOPSY2 (Yes or Not) 20R IE VEC WEED FOR	NDINGS CONSDESSED
ERTIFIC 161	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	SES OF DEATH?
W 21	A ACCIDENT WAS INDESIVING TO 1218 BLACE OF INDIGNAL	in at about 21 C WHERE DID	City aive avest to C1
_, OR	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF (ATH (notify medical exomine) 21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	, in or obout 21C. WHERE DID (If in Baltimore of office bldg., INJURY OCCUR?	City, give exoct locofian)
	D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
	PPROX.) While At Not W!	hile	
			.h 10 /7
	. I certify that (1) (this hospital) attended the deceased fram N		
the	ot (I) (we) last sow the deceased alive on <u>November 1</u>	7, 19 66 and that in (my) (our) apini	on death accurred on the
on	d hour and from the causes stated above. (1) (We) (did) (did not)	view the bady after death.	
	A. SIGNATURE		23B. DATE SIGNED
	Mugcle James M.D. A	Itending Med. Stoff Director Phys.	November 18, 19
224	C. PHYSICIAN'S	23D. ADDRESS	ACAGMACT TO' TA
230	NAME (Type)		
	Javier M.C	1514 Division Street-Balt:	imore 17, Maryla
	URIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF C		, town, or county) (State
10	EMOVAL (Specify) May 1/1/1 MAT ()	1 Batt	m
250	PATE REC'DEN HEAVEH DEPL 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
254.0	ATE REC'DE HEALTH DEFT 258, NAME OF REGISTRAR	1/ D	71/0
	100000 /- 10000	- Un Trooks Inigarla	146311 Larey
/5 150	-REV. 1/1/65		7

and the same of the same

66 11596	BALTIMORE CI	TY HEALTH DEPARTMENT	00 14:00
BIRTH NO.	CERTIFICA	ATE OF DEATH Registered	No. 66 11036
M.E. CASE NO.		2, DATE AND HOUR OF DE	FATH
Type or Printh MARY E.	SPENCER	11-16-6	
PLACE OF DEATH IN BALTIMORE, MAR		4. USUAL RESIDENCE (Where deceased lived	
		MARYLAND BALTIMO	OPE !
FULL NAME OF (If not in hospital or oddress ar lacotion)	institution, grve street		
INSTITUTION		DUNDALK	write RURAL ond give township)
THE JOHNS HOPKI	NS HOSPITAL	D. STREET ADDRESS (If rural, give location	an)
33			1222
SEX 6. RACE	, MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	s If Under 1 Yr. , If Under 24 Hi
FEMALE WHITE	WINGWED PLYPROED (specify)	5-9-94 last birthgoy2	Months Doys Hours Min.
	OB, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired) housewife		Maryland	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	012111
Paul Ohler		quely quely quely dende	
5. Was Deceased Ever in U. S. Armed Farc- res,na arunknawn) (If yes, give war ar dates	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		DaviddM. Spencer, 1228	Broening Hwy.
18. // 20. / 1	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	CTLY	. 1 / 0 /	ONSET AND DEATH
LEADING TO DEATH	(A) M	yourdal lateration	
(This does not mean the made al heart failure, asthenia, etc. It means	dying, e.g.,		
injury at camplication which caused	death.)	disorse lie Cyrelia use.	t .
ANTECEDENT CAUSES	(B) / LV	anscens are chillio Mici	V/2 -
DISEASES OR CONDITIONS, if a	ny, giving	dise. se	
rise to the above cause (A)	stating the (C)		
UNDERLYING CONDITION last.			
Z	NITRIGUELI TINI C		
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	TED TO THE DET BLOOM	Ina probably from	
	NTON FOR WHICH OPERATION	ling, probably from w/	WERE EINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONE WAS PERFO	DRMED	YES IN CERTIFYING	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING	218 BLACE OF INTERVIOR		oltimore City, give exact location)
OR CONTRIBUTING CAUSE OF	hame, form, factory, street,	office bldg. INJURY OCCUR?	sirriore City, give exect location
	etc.)		
21D. TIME (Manth) (Doy) (Year) OF INJURY	(Hour) 21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Wark At Wa		
22. I certify that (1) (this hospital)			11-16 19 66
	111-	66	
that (I) (we) last saw the deceased			r) apinian death accurred an the da
and haur and from the causes state	ed abave. (1) (We) (did) (25d×m3)	view the bady after death.	
23A. SIGNATURE	6		23B. DATE SIGNED
mana a	Kanta M.O.	hys. Director Phys.	11/16/6/
23C. PHYSICIAN'S NAME (Type)	V	23D. ADDRESS	11/10
	KATZ	THE JOHNS HOPKIN	IS HOSPITAL
14A, BURIAL CREMATION, 124B, DATE	24C. NAME of CEMETERY of C		(City, town, or county) (State)
REMOVAL (Specify)			
burial - 11-19-6			County, Md.
25A. DATE REC'D NOTE DEPT DEPT	258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
HOA 9 T 1200	Under E. Jakey A.	Ullrich Funeral Home,	Dundalk, Md.
VS 150-REV. 1/1/65			



	BALTIMORE CITY	HEALTH DEPARTMENT	00 11500
BIRT	H NO. 66 11597 CERTIFICAT	TE OF DEATH Registered No.	66 11597
	CASE NO.	2. DATE AND HOUR OF DEATH	
	e or Print) a	0	1100
3. P	Helen K SZEWCZYK	4. USUAL RESIDENCE (Where deceased lived, If institu	tion; residence before admission)
		A. STATE B. COUNTY	nion, residence before dumastrony
l H	ULL NAME OF (If not in hospitol ar institution, give street OSPITAL OR oddress or locotion) VSTITUTION	C. CITY OR TOWN Of autside city limits, write RUR	
(inai Nospital of Baltimore	Bultimore	52-00
2	inai Nospital of Baltimore	D. STREET ADDRESS (If rural, give location)	
5. S	EK 6. RACE 7. MARRIED, NEVER MARRIED E		Under 1 Yr., If Under 24 Hrs.
	widowed, Divorced (specify) white Never Mayried USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY)	9/5/20 lost birthdoys M	onths Doys Haurs Min.
	during most of working life, even if retired)	1	WHAT COUNTRY?
13. I	achine Instructor McCormick's Spices	Maryland 4. MOTHER'S MAIDEN NAME	U.S.A.
	- No Account	77 13 - 1 - 2 - 2 - 2	
15)	Peter Szewczyk	Katherine Ploch	42220
Yes	Vas Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give war or dates of service) 1 6. SOCIAL SECURITY NO.	7. INFORMANT	ADDRESS
	No 218910-1379	Peter Szewczyk - 4208 Fourth	St.
	18. / 9, VI CAUSE OF		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	as kala i	771
	(This does not mean the mode of dying, e.g., (A) DUE TO	perkalemia	/ of hours
	heart failure, astheria, etc. It means the disease, injury or camplication which caused death.)		~ 0
	ANTECEDENT CAUSES (B) Rend	al tailure	5 days
	DUE TO		0
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	astatic Carcinomatosis	3 years
	11		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
CA	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINE	DINGS CONSIDERED
ERTIFIC	WAS PERFORMED	IN CERTIFYING CAUSE	S OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical exominer) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, affile etc.)	or obout 21C. WHERE DID (If in Boltimore Ci	ty, give exoct location)
DIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.) While At Work At Work		
	22. I certify that (I) (this hospital) attended the deceased from	19to	19
l i	that (I) (we) last saw the deceased olive on	19ond that in(my) (our) apinia	n deoth occurred an the dote
	ond hour ond from the couses stoted above. (1) (We) (did) (did not) vi		
	23A, SIGNATURE		B. DATE SIGNED
	000 000 0 M.D. Atten	ding Med. Stoff	
	23 C. PHYSICIAN'S	Director Phys. 3D. ADDRESS	Nov. 15, 1966
	NAME (Type) ALCO A CONTROL OF		
24A	BURIAL CREMATION, 24B. DATE 2C. NAME of CEMETERY OF CREATERY OF CR	MATORY 24D. LOCATION (City.	town, or county) (Stote)
25 A	Burial 11-19-1966 Holy Cross Ceme	tery Ritchie Hgwy., A.	A. Co., Maryland
		George J. Gonce-4001 Ritch	
VS	150-REV. 1 100 2 1 1966 () 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	3	

Street was the street street and Samples of H nearly farlance

•	if death occurred ect or contribution (4) Undetermined convas in regular at the deceased prisposition is made.	
IMPORTANT	Also, if the director of any kind; (voncured death attendance on ilmed or final dis	
FUNERAL DIRECTOR: IMPORTANT	edical examiner. burns; (3) A fractu hysician who pro n was in regular remains are emba	
FUNER	hospital by a m nature; (2) Body ept where the p d (6) No physicia	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributin shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined constants at a hospital (except where the physician who pronounced death was in regular a deceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.	

in a hospital

	AME OF DECE		The Contract		NO HOUR OF DEATH	
			RIA G. SWITALSKI		vember 18-19	14
ı	FULL NAME OF		or institution, give street	A. STATE B. COUR	ere deceased lived. If ins NTY Baltimo	ntitution: residence before admission
	HOSPITAL OR NSTITUTION	oddiess or locoti	on)	C. CITY OR TOWN (If or Dundalk	tside city limits, write R	URAL ond give township)
7	9 North	Charles Ger	neral Hospital	7402 School L	rurol, give locotion) ane 21222	
-	Female	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH Dec. 15- 1904	9, AGE (In years lost birthdoy)	onths Doys Hours Min,
		PATION (Give kind of wo orking life, even if retired) Housew		11. BIRTHPLACE (State or fore Pennsyl.		12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAM			14. MOTHER'S MAIDEN NA		
		Costie Kryst	ofosky	Valeria Bu	noski	
		Ever in U. S. Armed F		17. INFORMANT		ADDRESS
(16:	No	(If yes, give wor or do	tes of service) SECURITY NO.	Husband, Mr. A	dolph Swital	ski, # 4,a,b,c,d.
	DISEAS	or condition d		F DEATH		INTERVAL BETWEEN
	1	EADING TO DEATH	1	Mr. I. Ala	166-	So mend
	(This does no	t mean the made o	of dving, e.g., DUE TO	were fing	9.9	30,77
	heart failure,	nt mean the made of esthenia, etc. It mean plication which cause	of dying, e.g., DUE TO sthe disease, d death.)	· · · ·		,
	heart failure, o	sthenia, etc. It mean	of dying, e.g., DUE TO s the disease, d death.) S DUE TO DUE TO	assiper to	Les po gly	Cernia
	heart failure, cinjury at comp A DISEASES O	osthenia, etc. It mean olication which cause NTECEDENT CAUSE R CONDITIONS, if	of dying, e.g., s the disease, d death.) S (B) DUE TO DUE TO	Prince Forma.	ly po gly	Cenic
	heart failure, cinjury at comp A DISEASES Orise to the	sthenia, etc. It mean dication which cause NTECEDENT CAUSE	af dying, e.g., she disease, d death.) S any, giving stating the	deute str	ly po yly	Cernia
ATION	heart failure, a injury at comp A DISEASES Orise to the UNDERLYING OTHER SIGNIFT TO THE DE	osthenia, etc. It mean olication which cause NTECEDENT CAUSE R CONDITIONS, if abave cause (A)	CONTRIBUTING ATED TO THE	Coma.	ly po gly	Cernia
ERTIFICATION	heart failure, a injury at company at compan	isthenia, etc. It mean slication which cause NTECEDENT CAUSE R CONDITIONS, if above cause (ACONDITION last. ICANT CONDITIONS ATH BUT NOT RECONDITION CAUSING OPERATION 198. CO WAS PE	CONTRIBUTING ATED TO THE IT. NOTITION FOR WHICH OPERATION REPORMED THE GARGE	Coma.		INDINGS CONSIDERED
CAL CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIFTO THE DESCRIPTION OF CONTRIBU	ISTANTION CAUSING OPERATION 198. CO WAS PE	CONTRIBUTING ATED TO THE IT. NOTITION FOR WHICH OPERATION REPORMED THE GARGE	20 A. AUTOPSY? (Yes or N NO	ol 208. IF YES, WERE F IN CERTIFYING CAU	INDINGS CONSIDERED

and haur and from the causes stated above. (1) (Me) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED 11-18-66 Stoff Phys. Attending Phys. Med. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Hernando Pava 4781 Melbourne Rd. Balto. Md. M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24B. DATE 24D, LOCATION (City, town, or county) Nov-21-1966 St. Mary's Nativity R. C. Cemetery

11 Dept. 258 NAME OF REGISTRAR
210 JOHN J. DUDA. Du Plymouth, Pennsylvania Burial JOHN J. DUDA, Dundalk, Maryland 21222

VS 150-REV. 1/1/65

1. AND THE RESERVE AND A STREET AND A STREET AND A STREET record perfect , standard , and .

VS 150-REV. 1/1/65

			BALTIMORE CITY	HEALTH DEPARTM	ENT		
BIRTH NO.	6 11599		CERTIFICA	TE OF DEA	TH Regi	stered Na	66 11599
M.E. CASE NO. 1. NAME OF DECEA (Type or Print)	SE MARIE	wi	LLS		ATE AND HOU	OF DEATH	PM M
3. PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	E (Where deceas COUNTY	ed lived. If institu	tion: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital oddress or location	n)		Md c. CITY OR TOWN BALTIME	- Balt		AL ond give township) 21219
MARYLA 48	ND GENE	RALH	os PITAL	D. STREET ADDRESS		EL AVE	21219
Female 6	White		NEVER MARRIED D. DIVORCED (specify) 1dowed	B. DATE OF BIRTH	9. AGE (Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	orking life, even if retired)	HOUSEWI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign countr	y) 12	US A
13. FATHER'S NAMI				14. MOTHER'S MAID	EN NAME		
Jos	. FRAZICA			ELIZ. 1	MOONEY	1	
15. Wos Deceosed (Yes, no or unknown)	ver in U. S. Armed Fo If yes, give wor or dota	rces? es of service)	16. SOCIAL SECURITY NO. 213-407-3519-D	DAUGH		Rose Mar	rie Petrick 21 STRAT MANE
18. light 1)	9. /1		CAUSE O	F DEATH ASC	WD +		INTERVAL BETWEEN
	OR CONDITION DI	RECTLY	n	1)		· 'N 1	SUSET AND DEATH
	EADING TO DEATH t mean the made al	dying, e.g.,	(A) PUE TO	HEUMAIIC	- HEARI	DISEASE	20-30 yrs
heart failure, a	sthenia, etc. It means	the disease,	-				1 1-1-06
	NTECEDENT CAUSES		(B) (C)	ngestive h	HEART F	AILURE	4 YEARS
DISEASES OF	CONDITIONS, il	any, giving	DUE TO	D4 00 1.	- PP. 10	1	
	abave cause (A) CONDITION last,	staling the	(C)	PLEURAL	CHUS	10/0	1-2WEEKS
Z OTHER SIGNIES	II CANT COURTONS (CALTRIBUTION				INFARCT	
E TO THE DE	CANT CONDITIONS (ATH BUT NOT RELA ONDITION CAUSING	ATED TO TH		O- SEPTAL	MYOCARD	IAL MEG	
U 19A. DATE OF	PERATION 198. CON	DITION FOR	WHICH OPERATION		es or No) 20B, IF		INGS CONSIDERED
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that (1) (we) I	ast saw the deceas	ed alive an	11 117	1966			death accurred on the date
and have and	fram the causes sta	ted abave. (1) (WE) (did) (did act) v	lew the bady after	death.		4
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23C. PHYSICIAN	ne)	du V	Bu M.D.	23D. ADDRESS Mary	land	Een.	405P.
24A. BURIAL CREM	ATION, 24B. DATE	24C. N	AME of CEMETERY OF CRE	MATORY	24D. LOCATION	(City, 1	own, or county) (State)
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JOHN, J. DUDA, Dumdalk, Maryland 21222

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MARILAND GENERAL HOSPITAL

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BALTIMORE - BALTIMORE

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47-31-62 II

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH LEONARD JAWOROWSKI JAWORSKI I. NAME OF DECEASED (Type or Print) dworski Condn 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE # B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 170016 (If not in hospital or institution, give street FULL NAME OF HOSPITAL OP oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE D. STREET ADDRESS (If rurol, give location BALTIMORE, MARYLAND #21224 pom 6. RACE 7. MARRIED, NEVER MARRIED 5. SEX B. DATE, OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days Hours WIDOWED, DIVORCED (specify) last birthday) Never manie TOA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition Crown, Cork & Seal Co. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MISE 15. Was Deceased Ever in U. S. Armed Farces?
(Yes, no ar, unknown) (If yes, give war ar dates of service) 17. INFORMANT ADDRESS 6. SOCIAL final SECURITY NO. No RECORDS-BCH-4940 Eastern Avenue 220-05-3077 18. CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving to the obove couse (A) stating the UNDERLYING CONDITION last. remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OFERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH? WAS PERFORMED lung before Coin 5100 In 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDI obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Wark At Work 22. I certify that (I) (this haspital) attended the deceased that((1) (we) last saw the deceased alive an and that in((my)) (aur) apinion death accurred on the date pe and haur and fram the causes stated above (1) (We) ((did) (did nat) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending M.D. Med. Stoff Phys. Director Phys. approval 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS 110504 M.D. 4940 Eastern 24A. BURIAL CREMATION. 24C, NAME of CEMETERY of CREMATORY 24B. DATE 24D. LOCATION REMOVAL (Specify) Burial Nov. 23-1966 St. Stamislaus Dundalk Avenue, Baltimore, Marylan 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR 1966 JOHN J. DUDA, Baltimore, Maryland 21224

VS 150-REV. 1/1/65

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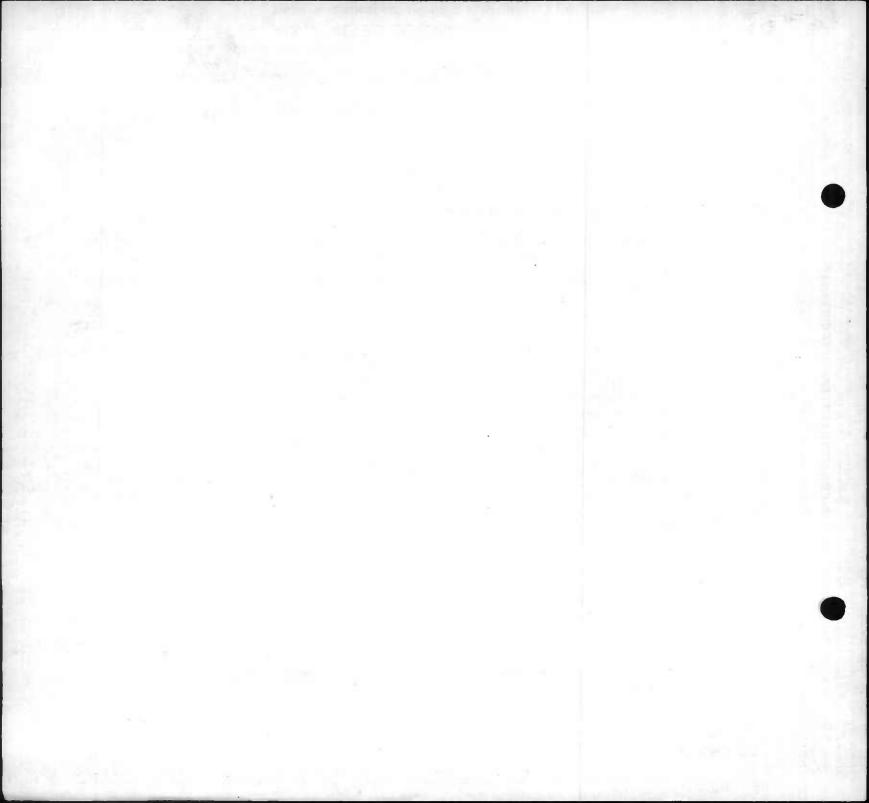
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	BALTIMORE CITY	HEALTH DEPARTMENT		00 44004
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	herine		11/10/06	- 1-47 A.
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	W/ //W	4. USUAL RESIDENCE (Who		stitution: residence before admission)
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FULL NAME OF (If not in hospital or institution, gi	ve street	C. CITY OR TOWN (If or	10.	URAL ondergive township
INSTITUTION	1	0 1 1 0		OKAL onargive lownship
University of Marxlan	d.	DO TIMOR	rurol, give locotion)	
University os	•		mount.	
	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	DIVORCED (specify)	Phalipan	lost birthdoyl	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF
one during most of working life, even if retired)	1	1 1 - 1		WHAT COUNTRY?
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B. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Charles Donald.		Katherin	e Martil	
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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OR CONTRIBUTING CAUSE OF home etc.)	, form, foctory, street, of	fice bldg., INJURY OCCUR?		- The green control of the control o
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U OF INJURY	NJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
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and haur and from the causes stated above (1)				and a definition of the delic
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E 11121	M.D. Atte	nding Med.	Stoff	1. all
Prederick W. Kurpe	Phy	Director	Phys.	11/18/66
23C.PHYSICIAN'S NAME (Type)		23 D. ADDRESS	11 1	, ,
A CONTRACTOR OF THE PARTY OF TH	M.D.	Oniversity	HOSPITAL	
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25A, DATE REC'D BY HEALTH DEPT. 258, NAME OF		25C, FUNERAL DIRECTO	R	ADDRESS
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BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

Burial

VS 150-REV, 1/1/65

DATE

11-22-66

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		66	11602	BALTIMORE CITY	HEALTH DEPARTMENT		00 4455
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J. ,	THE OF DEA	111 111 0/21	TORY WARE		A. STATE B. COUR	N TY	istitution: rosidenco betare damissioni
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()	NSTITUTION					riside city titilits, white	The same of the sa
	00				Baltimore D. STREET ADDRESS (IF	rural, give location)	8 1
	00	3713 W	Voodbin	e Avenue	3713 Woodbir		
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		working life, ever		. KIND OF BUSINESS OK INDUSIKE	11. BIRTHPLACE (State or fore	ngn country)	12. CITIZEN OF WHAT COUNTRY?
(Civil En	gineer			Baltimore		USA
	FATHER'S NAM				14. MOTHER'S MAIDEN NA	ME	
(Charles	H.Gar	rett		Margaret Rit	Z	
15 %	Nor Deceased	Ever in II S	A-mad Farana7	1 6. SOCIAL	17. INFORMANT		ADDRESS
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	· · · · · ·	ANTECEDENT	CAUSES	DUE TO			***************************************
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AL		modical exami		hame, form, factory, street, at	ffice bldg., INJURY OCCUR?		

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CEMETERY OF CREMATORY

Lorraine Cemetery

258. NAME OF REGISTRAR

24D. LOCATION

25G/FUNERAL DURECTOR

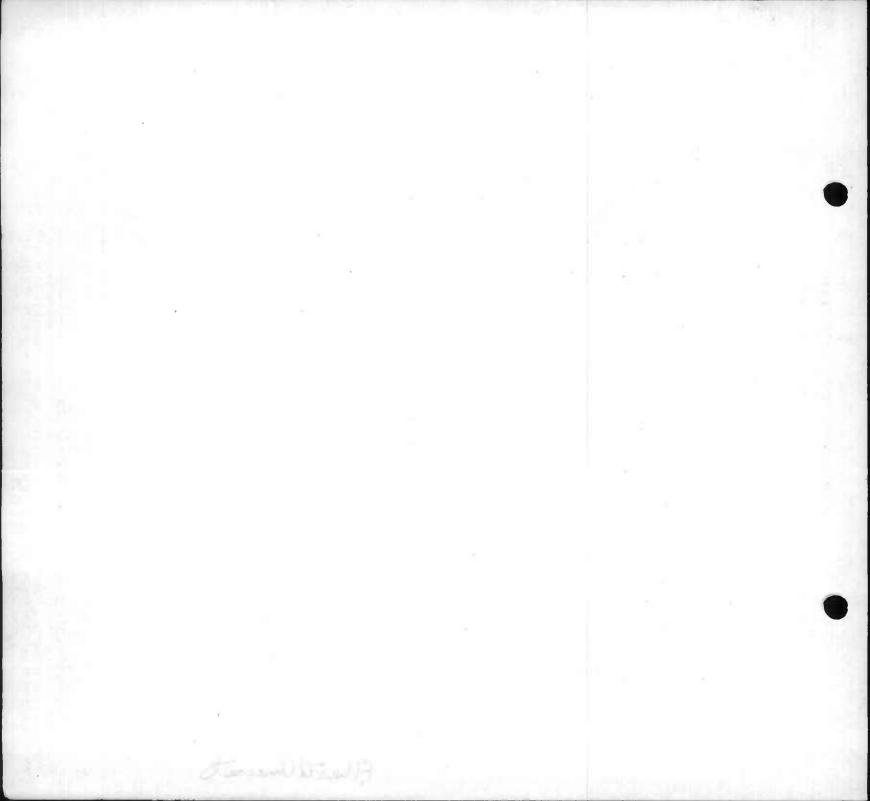
Baltimore, Maryland

(City, town, or county)

ADDRESS

4600 Liberty Hghts. Ave

(Stote)



the body was released to the hospital by a medical examiner.

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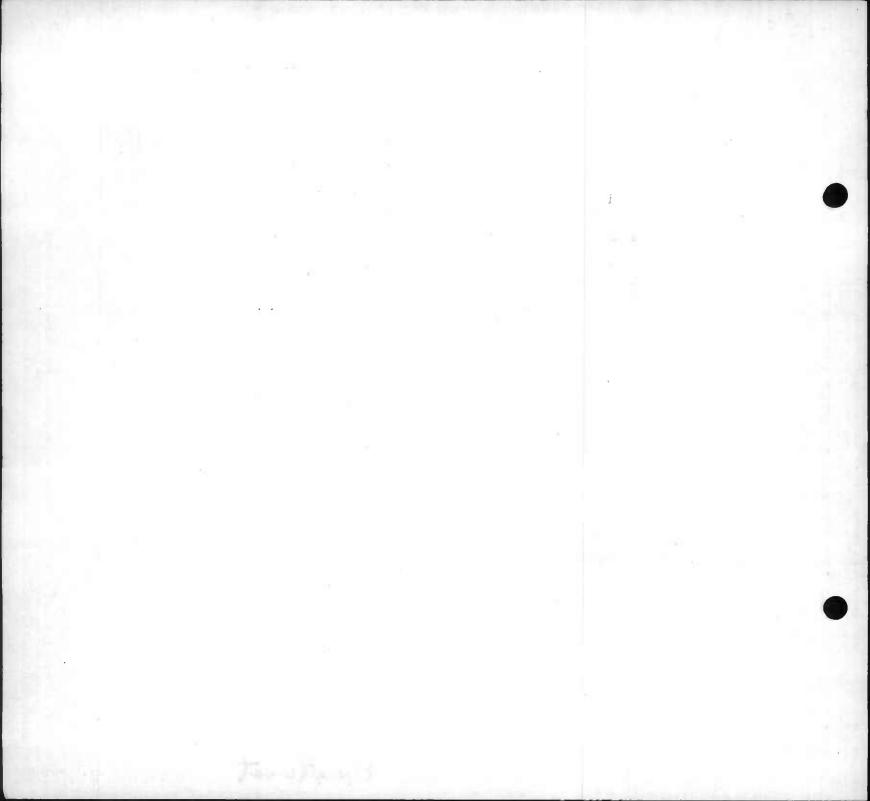
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3. P	PLACE OF DEAT	TH IN BALTIMORE, M	ARYLAND		4. USUA		here deceased lived. UNIY	If institution; res	idence before od
	FULL NAME OF		ol or institution, gr	ve street	Ma	ryland	Baltimo	re	
	HOSPITAL OR NSTITUTION	oddress or locoti	ion)				outside city limits, w	rite RURAL ond	give township)
						altimore T ADDRESS	(If rurol, give location		All Annual Co
	00	3604 Hillsd	ale Aven	ue			le Avenue		gard.
5. S	FY	6. RACE	7. MARRIED. I	NEVER MARRIED		T IIIIISUA. DF BIRTH	9. AGE (In years	If Under	1 Yr If Under
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		orking life, even if retired)					WHA	T COUNTRY?
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13. [FATHER'S NAM					HER'S MAIDEN N			
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15. V (Yes	Wos Deceased s, no or unknown)	Ever in U. S. Armed F (If yes, give wor or do	orces? oles of service)	6. SOCIAL SECURITY NO	d. 17. INFO	MANT			ADDRESS
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4600 Liberty Hghts. Avenue

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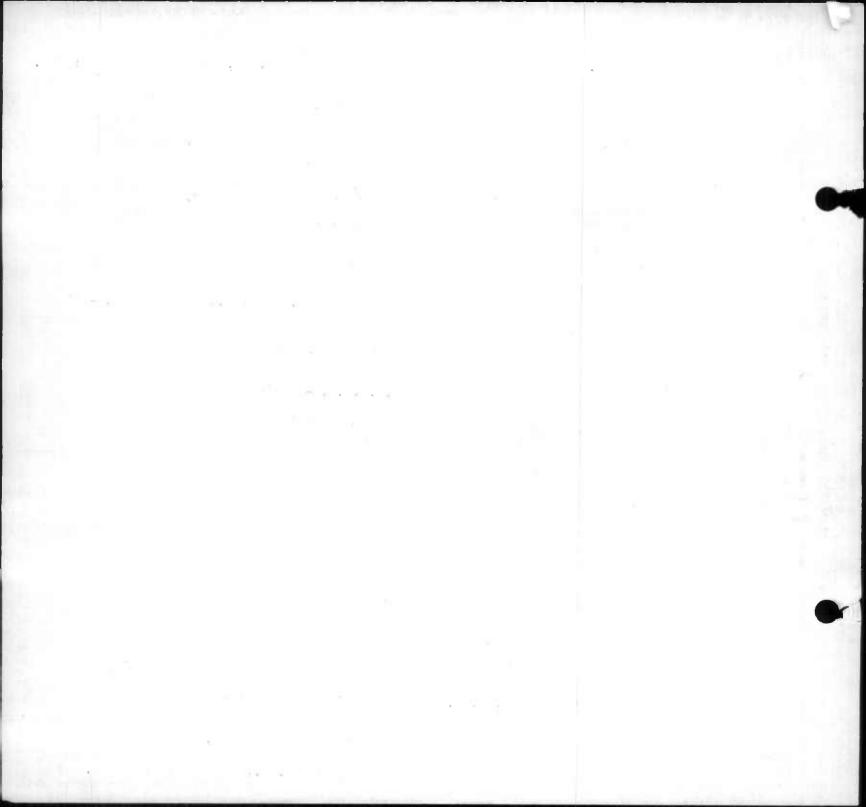
VS 150-REV. 1/1/65

1966



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the O
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

BIRT	н но. 66 11604		HEALTH DEPARTMENT	Registered Na.	66 11604
M.E.	. CASE NO. AME OF DECEASED of Printil Sarah E. Dyer	CERTIFICA		D HOUR OF DEATH	4:00 A.
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND			e deceased lived. If in	nstitution: residence before admission
	FULL NAME OF (If not in hospital or institu-	tion, give street	Maryland		28-04
11	NSTITUTION		Baltimore		RURAL and give tawnship)
0) O 4709 Sayer Avenu	le	D. STREET ADDRESS (IF 1709 Sayer Ave	urol, give location) enue	
s. s	F Wh WID	RIED, NEVER MARRIED DWED, DIVORCED (specify) ried		ost birthdoyl 79 YYS.	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10B. KIN e during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	Virginia	gn country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME Samuel Cotton		14. MOTHERS MAIDEN NAM Sarah Angel	ΛE	
IS. V	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes	(If yes, give wor or dotes of serv	security No.	Charles W. Dye:	r,Sr., 1075	Elm Rd 27
	18. I		DF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)	ocardial Infarct	ion Acute	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc injury or complication which caused death.)	ease,			
	ANTECEDENT CAUSES	(B) DUE TO	S.C.V.D Angina	a	
	DISEASES OR CONDITIONS, if any, gi	ving Di.	abetes Mellitus		
	rise to the obove couse (A) stating UNDERLYING CONDITION lost.	The (C)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBITO THE DEATH BUT NOT RELATED TO				
ERTIFICA	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE	
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)		(If in Boltimore	e City, give exoct location)
LLI I	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
8	(APPROX.)	While At Work Not Whi			
	22. I certify that (I) (this hospital) attend		191	966 to 11/1	.2/ 19.66
	that (I) (we) last saw the deceased alive		19and the		nian death accurred on the da
- 1	and haur and fram the causes stated above 23A. SIGNATURE	rg. (1) (We) (did) (did nat)	view the bady after death.		23B. DATE SIGNED
	Hanley (4)	skeel of M.D. All		Stoff	11/12/66
	23C. PHYSICIAM'S NAME (Type) Stanley Ankuda	(Ph)	23D. ADDRESS 1101 Maiden Ch	oice Lane	
24A	BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR			ity, town, or county) (State)
	Burial 11/15/66	Loudon Park Cem	etery Balt	imore, Mary	rland
25A		ME OF REGISTRAR	3 Witzko, F. D.	, 4101 Edmo	ondson Ave.
VS	150-REV. 1/1/6S	N - A CONTRACT TO	•		



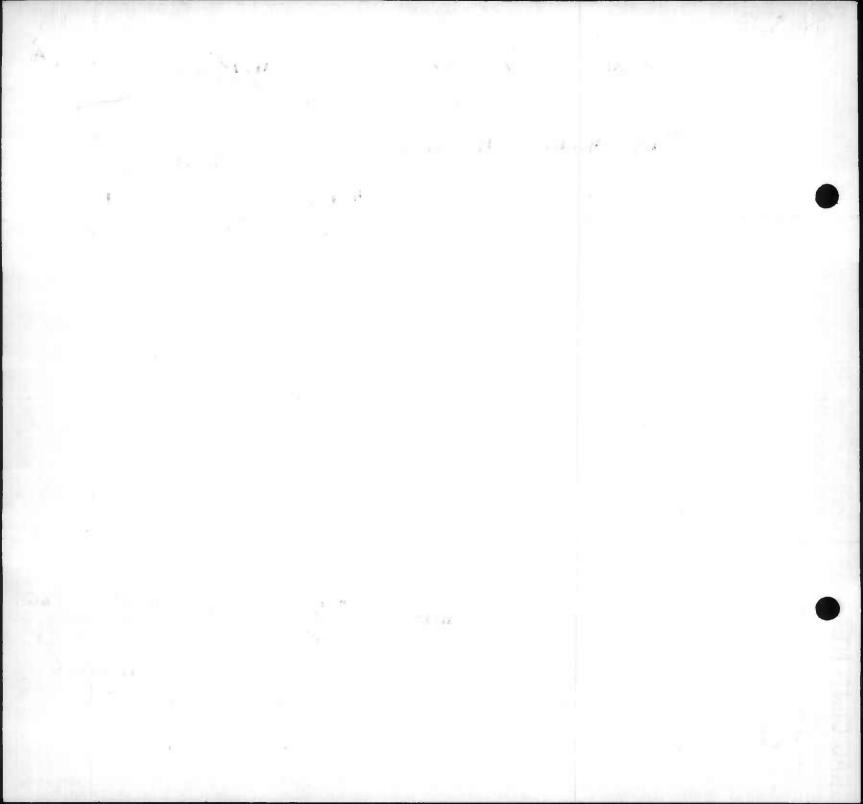
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Sucho

50 2482 66 11605	BALTIMORE CITY	HEALTH DEPARTMENT		66 11605
The state of the s	CERTIFICA	TE OF DEATH	Registered Na	00 11002
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print RANKIN, BABY)	Boy	- 11	18/66	9:30A
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, oddress or location)	give street	Maryland c. city of town (If outs		itution: residence before admission
JOHNS HOPKINS +	to spital	Baltimore D. STREET ADDRESS (If no address) =3460 Chile	ds Court	
Male Negro New	NEVER MARRIED D. DIVORCED (specify) Born	11/17/66		If Under 1 Yr. If Under 24 H Months Doys Hours Min.
6A. USUAL OCCUPATION (Give kind of work 108, KIND OF lone during most of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreig	10	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		Brenda	i E	
(15. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	ral Nervous Sys	stem Henr	INTERVAL BETWEEN ONSET AND DEATH
fThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES	(B) DUE TO	moturity	***************************************	
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	E			
198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B		YES	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH? City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ne, form, foctory, street, of)	fice bldg., INJURY OCCUR?		City, give exact locations
W OF INJURY	ile At Not While			
22. I certify that () (this hospital) attended to the (1) (we) lost saw the deceased alive on and hour and from the causes stated above.	11/18	1966 and tha	9 66 to	ion deoth accurred an the c
23A. SIGNATURE Colon H Vein 23C. PHYSICIAN'S	M.D. Alle	nding Med.	Stoff Phys.	23R DATE SIGNED
ALLEN H. NEI	M.D.	Johns Hop	kins H	ospital town, for county) (State
	ne Johns Hop	kins Hosp. B	altimore,	Maryland
NOV 91 1000 A 070	0 T. A	3 0 0 0 0 0	1 5 27 0	

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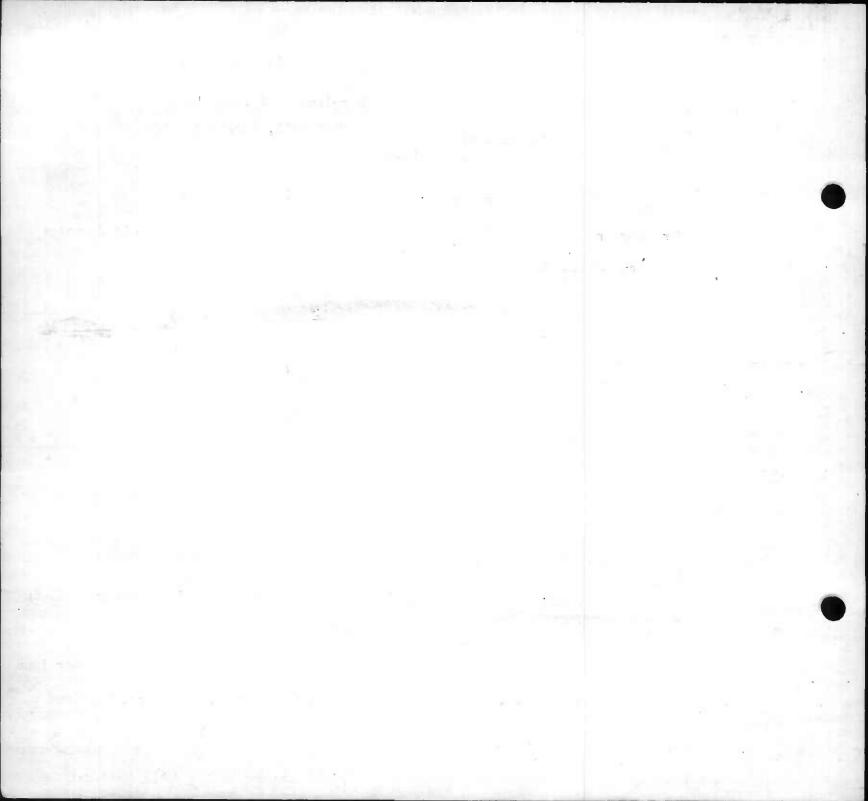


V\$ 150-REV. 1/1/65

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prior to death.

BIRT	H NO.	66 1160	6	CERTIFICA	TE OF DEATH	Registered No.	00 11606		
1. N	AME OF DECE e or Print)		IGTON MA		2. DATE AN	D HOUR OF DEATH lovember 196	56 1 19:10 Pm		
F	ULL NAME OF THE STATE OF THE ST	oddress or locotion	or institution.	tal	C. CITY OR TOWN (If outs	Mary's C			
5. \$		6. RACE Negro	7. MARRIED,	NEVER MARRIED D. DIVORCED (specify)		7. AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	USUAL OCCU	PATION (Give kind of work vorking life, even if retired)			15 August 1900 11. BIRTHPLACE (Stote or foreign Maryland	gn country)	12. CITIZEN OF WHAT COUNTRY? United States		
13.	FATHER'S NAM	worker orge Matthews		ATT.	14. MOTHER'S MAIDEN NAM	AE Blackson	oni cea geaces		
15. V (Yes	Nos Deceased	Ever in U. S. Armed For (Iff yes, give wor or dote	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT Sylegistal	Jeglin em many	ADDRESS		
	(This does no heart failure,	E OR CONDITION DIR LEADING TO DEATH of meon lhe mode of aslhenio, elc. II means plication which caused	dying, e.g., the diseose,	CAUSE O	reinoma of	"Colon	INTERVAL BETWEEN ONSET AND DEATH 3 May 1		
	DISEASES O	R CONDITIONS, if obove couse (A) CONDITION last.		(B) DUE TO					
ICATION	TO THE DI		TED TO THE		20 A. AUTOPSY? (Yes or No.)	208. IF YES, WERE	FINDINGS CONSIDERED		
AL CERTIFIC	OR CONTRIBU	WAS PERI	21 B.	e, form, foctory, street, of	n or obout 21 C. WHERE DID	(If in Boltimore	e City, give exact location)		
MEDIC	21 D. TIME OF INJURY (APPROX.)	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? While At The Not While The							
	that (I) (yet)	RE July //) ottended ti	he deceased from (did not) v	ond the least of t	Stoff Phys.	November 19 66 nion death accurred on the date 238. DATE SIGNED 16 November 1966 imore, Maryland		
	Bu Bu	MATION, 248 DATE	66 8	ame of CEMETERY OF CRI CUIL Pale DE REGISTRAR	25C. FUNERAL DIRECTOR	Redge	Dy Cirylory ADDRESS		
	141	OCEL TO AN	Course !	C. COURCE	7 1 1668 19 The	JUN	1000		



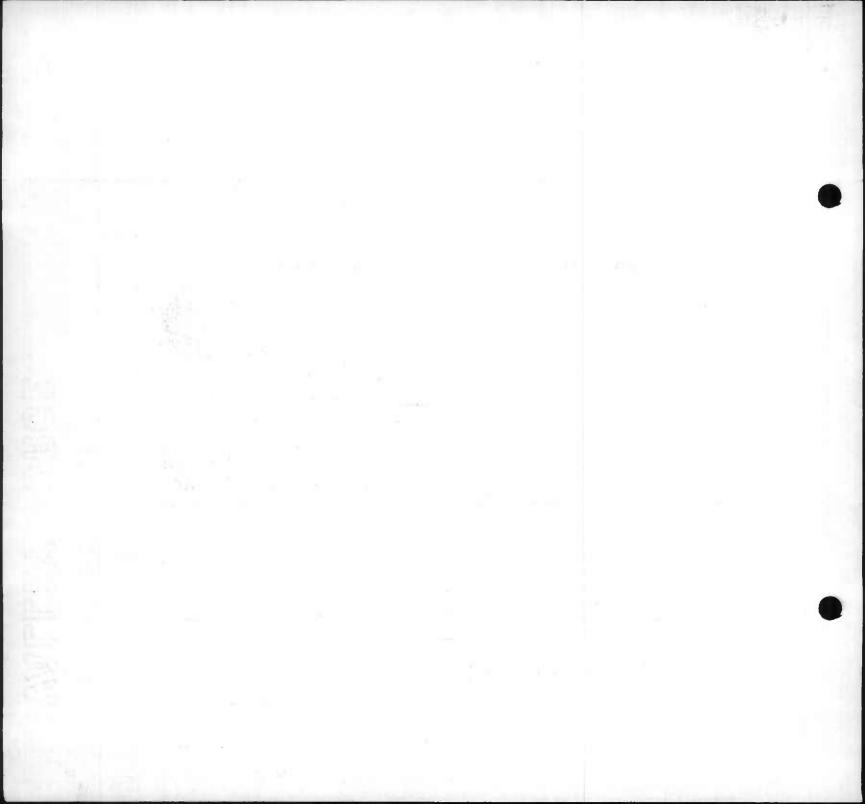
66 11607	
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

66 Registered Na.

Affile Hopkins Frenz 3. Place of Death In Baltimore, Maryland FULL NAME OF HOSPITAL OR INSTITUTION FULL NAME OF HOSPITAL OR INSTITUTION 4015 Eierman Ave. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED Wildows, Divorced (specify) Female White 10A. USUAL RESIDENCE (Where deceosed lived, if institution: residence before of A. STATE B. COUNTY Maryland C. CITY OR YOWN (If outside city limits, write RURAl and give township) Baltimore D. STREET ADDRESS (If rord, give location) 4015 Eierman Ave. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED Wildows, Divorced (specify) Married 7. MARRIED, NEVER MARRIED Wildows, Divorced (specify) Mar. 7, 1893 73 14. MOTHER SMAIDEN NAME James Bull 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) No 17. INFORMANT ADDRESS John Franz 4015 Eierman Ave.	A.E. CASE NO. NAME OF DECE Type ar Print)				2, D	ATE AND HOUR OF DEATH	1
SEE G. RACE T. MARRIED T. MARRIED T. MARRIED T. MARRIED T. M. STATE S. COUNY Martination Security S				nz		Nov. 17, 1966	10:45 P, N
Baltimore D. STRET ADDRESS (If rand, give location) 4015 Eierman Ave. 3. SEK White White Widowed Divorced (specify) Married 10A. USUAL OCCUPATION (Give kind of work Months) Divorced (specify) Married 10A. USUAL OCCUPATION (Give kind of work Months) Divorced (specify) Married 10A. USUAL OCCUPATION (Give kind of work Months) Divorced (specify) Married 10A. USUAL OCCUPATION (Give kind of work Months) Divorced (specify) Married 10A. USUAL OCCUPATION (Give kind of work Months) Divorced (specify) Married 10A. USUAL OCCUPATION (Give kind of work Months) Divorced (specify) Married 10A. USUAL OCCUPATION (Give kind of work Months) Divorced (specify) Married 10A. USUAL OCCUPATION (Give kind of work Months) Divorced (specify) Married 10A. USUAL OCCUPATION (Give kind of work Months) Divorced (specify) Married 10A. USUAL OCCUPATION (Give kind of work Months) Divorced (specify) Married 10A. USUAL OCCUPATION (Give kind of work Months) Divorced (specify) Married 10A. USUAL OCCUPATION (Give kind of work Months) Divorced (specify) Married 10A. USUAL OCCUPATION (Give kind of work Months) Divorced (specify) Married 10A. USUAL OCCUPATION (Give kind of work Months) Divorced (specify) Married 10A. USUAL OCCUPATION (Give kind of work Months) Divorced (specify) Married 10A. MONTHS MARRIED (Months) (Give kind of work Months) Divorced (Give kind of	FULL NAME OF	(If not in haspital	or institution, g	ive street	A. STATE B. Maryland	d county	
ACLE Promain Ave.	INSTITUTION						27-0/
S. SEE S. BACE MARKED NEVER MARKED S. DATE OF BIRTH S. AGE in years without behology of the w	004015	Eierman Ave	•			A	
Female White Married Mar. 7, 1893 73 10. JULY STAND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) At home 10. FATHER NAME J. FATHER NAME J. FATHER NAME J. FATHER NAME J. S. Was Decessed Ever in U. S. Armed Forces? 15. SOCIAL SECURITY NO. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follow, asthenia, etc., if means the disease, injury or complication which caused doubl.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tisse to the above cause (A) stating the UNDERLYING CONDITION SCONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASES OR CONDITION CAUSING IT. 190. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 2014. AUTOPST? (Yes or No.) 208. IF YES, Were Findings Cause of DEATH (Monthly medical examine) 21. ACCIDENT WAS UNDERLYING CONSTITUTE (A) The DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONSIDERED MAS PERFORMED 218. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (Monthly medical examine) 21. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (Monthly medical examine) 21. The DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONSIDERED (MAS PERFORMED) 21. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (Monthly medical examine) 21. The DEATH MINDING CAUSE OF DEATH (Monthly medical examine) 21. The Control of DEATH (Monthly medical examine) 22. The Control of DEATH (Monthly medical examine) 23. The Control of DEATH (Monthly medical examine) 24. The DEATH (Monthly medical examine) 25. The Control of DEATH (Monthly medical examine) 26. The Control of DEATH (Monthly medical	SEX 6	5. RACE				9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10A, USUAL OCCUPATION Give kind of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY U.S.A. 12. CITIZEN OF WHAT COUNTRY U.S.A. 12. CITIZEN OF WHAT COUNTRY U.S.A. 13. ACCIDENT WAS UNDERLYING ON DISTORD 14. MOTHER SMADEN NAME 14. MOTHER SMADEN NAME 15. West Deceased Ever in U.S. Amed Forces? 16. SOCIAL SECURITY NO. 16. Deceased Ever in U.S. Amed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 17. INFORMANT ADDRESS 18.	Female	White			Mar. 7. 189		
13. FATHER'S NAME	lone during most of we	orking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	ar fareign country)	WHAT COUNTRY?
James Bull 5. Wes Deceased Ever in U. S. Armed Forces? Yes, no or unknown] (III yes, give wor or dotes of service) NO 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. 19.							
NO Teach Cause of Death Cause of Death							
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work 22. I certify that (1) (Nie hospitat) attended the deceased fram that (1) (we) last saw the deceased alive an Not While At Ship (Approx.) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	DISEASES OF TISE TO THE DE. DISEASE OF CO. 19A. DATE OF CO.	CONDITIONS, if above cause (A) CONDITION last. III CANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING IOPERATION 198. CON WAS PER	ONTRIBUTING ATED TO THE TITLE TO THE THE TO	Decilit VHICH OPERATION		IN CERTIFYING C	
OF INJURY (APPROX.) While At Not While At Work 22. I certify that (1) (Nie hospitat) attended the deceased fram	OR CONTRIBUT	ING 🗌 CAUSE OF 💆	hom	PLACE OF INJURY (e.g., in e, form, factory, street, at	fice bldg., INJURY OC	CUR?	ore City, give exact lacotian)
that (1) (===) last saw the deceased alive an Nov. 0151966 and that in(my) (===) opinion death accurred an	S OF INJURY	(Month) (Doy) (Year)	Whi	le At Not Whil		OID INJURY OCCUR?	
and hour and from the causes stated above. (1) (Westald) (did not) view the body after death.	that (I) (we) I	ast saw the decease	ed alive an	nov.	151966		DV 1 1966 Dinian death accurred an the dat
230. STENATURE 230. PHYSICIAN'S NAME (Type) Harold V. Harbold Attending Med. Director Phys. D 230. Address M.D. 4706 Harford Road	23A, STONATU	rs Ha	rlo	ld M.D. Alte	mding Med, S. Directo	r Stoff Phys.	1000 18, 1966
24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)	REMOVAL (Sp	AATION, 24B. DATE	24C. NA	ME of CEMETERY or CRI			City, town, or county) (State)
Burial 11/21/66 Gardens of Faith Overlea, Md.	Burial			ardens of Fai	th		
NOV 21 1966 ROS & Company of Registrar 256. Funeral Director Address Ullrich Fineral Home 4210 Belair Road	25A. DATE REC'D		25B. NAME O	F REGISTRAR			



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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	66 11608		BALTIMORE CITY	HEALTH DEPARTMENT		6.6.
BIRT	TH NO.		CERTIFICA	TE OF DEATH	Registered Na.	66 11508
	E. CASE NO.		OEK TITO		ND HOUR OF DEATH	
	D 1 - 4)	207120	EIFIN		Mov. 66	035
	ALFRED PO	JEIER	11110			7 am. M.
5. 2	PLACE OF DEATH IN BALTIMORE, MAI	KILAND		A. STATE B. COUN		stitution: residence before admission)
	FULL NAME OF (II not in haspital a	ar institution	niva etraat	MARYLAND		
-	HOSPITAL OR oddress or location		give sileet	C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
- 1	NSTITUTION				•	- 1-4-
	37 Incley			D. STREET ADDRESS (IF	rurol, give location)	. /
	J money					14-02
	,	7 44 4 00150	NICLOS ALA BRICO	1712 Etting S		1100
h 3	SEX 6. RACE	WIDOWED	NEVER MARRIED D, DIVORCED (specily)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
1	Male Colored	Marrie	ed	6-15-92	74	
	. USUAL OCCUPATION (Give kind of work			11. BIRTHPLACE (State at fore	ign cauntry)	12. CITIZEN OF WHAT COUNTRY?
ion	e during most of working life, even if retired) Laborer	Labore		Pointiald Va		
12	FATHER'S NAME	Labore	:L	Fairfield, Va.	4.4.P	USA
5.						
	Alfred Porterfield			Ella Anderso	n	
5.	Was Deceased Ever in U. S. Armed Fare	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Te:	s, no or unknown) (II yes, give wor or dote	s of service)	SECURITY NO.			
	no		214-14-2599A	Charles Porte	rfield 206 I	Douglas Ct.
	18. 15 O/ I		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIR	ECTLY	/	3	0 0	ONSE! AND DEATH
	LEADING TO DEATH		(A)	aranoma of cometar	Coophagus	
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	hearl failure, asthenia, etc. II meons injury or complication which caused			mot	1	
	ANTECEDENT CAUSES		(B)	c routas	lasis	
			DUE TO	**************************************		. II (40 mm m m m m m m m m m m m m m m m m m
	DISEASES OF CONDITIONS, if					
	rise to the above couse (A) UNDERLYING CONDITION last.	slaling the	(C)			
z	OTHER CONFIGNAT CONDITIONS C	ONTRIBUTION	C			
ATION	OTHER SIGNIFICANT CONDITIONS C	TED TO TH				
	DISEASE OR CONDITION CAUSING I			TOO A A LIED BOYS (V N.	1 200 15 255	ENDINGS CONCESSES
ERTIFIC	19A. DATE OF OPERATION 19B. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	USES OF DEATH?
ERT	21			988		
U	OR CONTRIBUTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(II in Boltimor	e City, give exact lacotion)
AL	DEATH (notify medical examiner)	etc.		not stage, into an occur.		
DIC	21D. TIME (Month) (Doy) (Year)	(Hour) 215	INJURY OCCURRED	21 F. HOW DID INJ	ILLDY OCCUP?	
ME	OF INJURY		ile At - Not While		TOK! OCCOK!	
~	(APPROX)	Wo				
	22. I certify that (4) (this hospital) attended t	he deceased from	31 Oct.	19 GC ta	15 Nov - 1966
	de the state of the second	l -1:	15 MOV.			
	that (N (we) last saw the decease	d ditve on		and th	nat in (my) (aur) api	inian death accurred an the date
	and haur and from the causes stat	ed abave. (I	!) (We) (did) (did nat) v	iew the bady after death.		
	23A. SIGNATURE					23 B. DATE SIGNED
	UCaragyn.	mp	M.D. Atte	mding Med. Director	Stoll Phy s.	15 nov, 66
	23C. PHYSICIAN'S			23D. ADDRESS	. 11/31 🗀	10000
	23C. PHYSICIAN'S NAME (Type)	0.4.5		A	11 2/ 1	
	VICENTE R.	CARAG	VR. M.D.	Mercy	Hoopital	
24/	A. BURIAL CREMATION, 248. DATE	24C. N	AME OF CEMETERY OF CRE	MATORY 240. L	OCATION (C	ity, town, or caunty) (State)
	REMOVAL (Specily)			U		
	Burial 11-18-6	6 Mt	. Calvary Cem	etery A	.A. Co., Ma:	ryland
25/	A. DATE REC'D BY HEALTH DEPT.	258. NAME C	OF REGISTRAR		100	ADDRESS
		10 0	SOBTA De	Marshall W.	Jones, Jr.	1735 Harford Av
VS	150-REV. 1/1/4NOV 21 1906	(1)			-	

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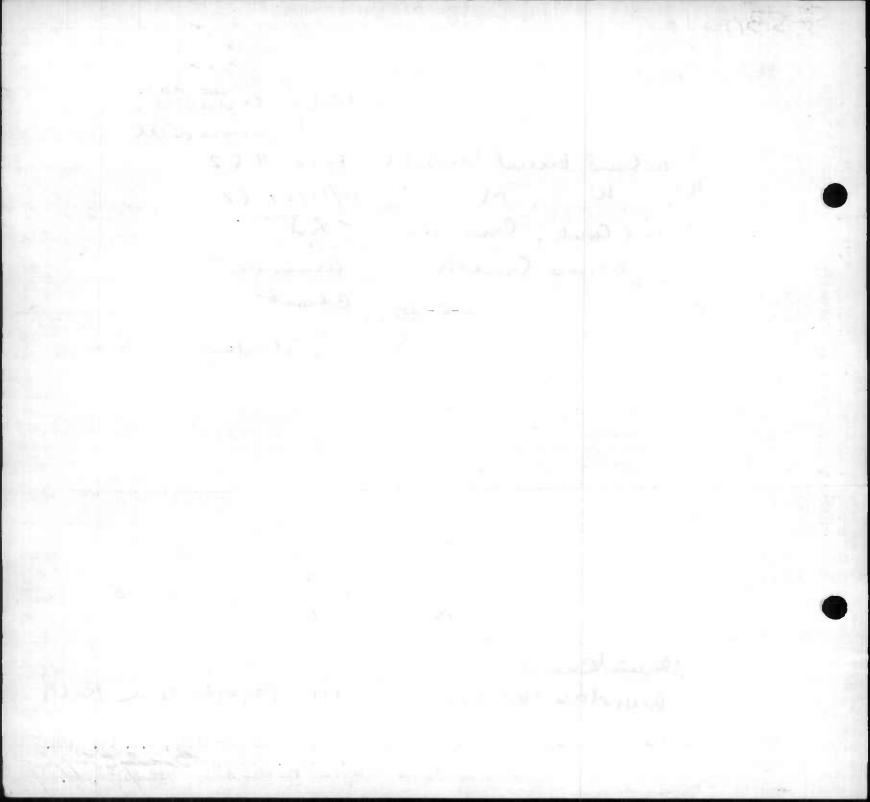
age out, it, dames, for 1735 Herbord New

	BALTIMORE CITY	HEALTH DEPARTMENT		00 44500
BIRTH NO. M.E. CASE NO. 66 11609	CERTIFICA	TE OF DEATH	Registered Na.	66 11609
I. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
CEORGE WASHINGTO	N COMBS	NOVE	MBER 16	196 9:15 PM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	•	4. USUAL RESIDENCE (Where	e deceased lived. If inst	
FIRST NAME OF All and in bounded as institution			HARFORD	West lovel (8)
FULL NAME OF (If not in hospital or institution address or location)	on, give street	C. CITY OR TOWN (If outs	/ -	RAL and give township)
UNIVERSITY OF MARY	LIAND	FALLSTON (RUPAL)	6-2
	GIND		ural, give lacation)	
Q HOSPITAL		PLEASANT	THE PD,	
	IED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	WED, DIVORCED (specify)	1-9-10	ast birthday)	Months Doys Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND	PRIED OF BUSINESS OR INDUSTRY			12. CITIZEN OF
dane during mast of working life, even if retired)			,	WHAT COUNTRY?
3011.41.1//	UNK	VIRGINIA		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
EMORY COMBS		VIRGINIA	RICHARDS	ON
15. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, na arunknawn) (If yes, give war ar dates af service		CRETAL HEL CO	12 Jahr	AME AS ABOVE.
118.	223-28-1701 CAUSE O		77 20	INTERVAL BETWEEN
1502.0	CAUSE	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Flip	ANIC PROMICILIT	20 0110	10 VENNS
(This does not mean the made of dying, a	DUE TO	ENPHYSEMA	13 17MP	10 YEARS
heart failure, asthenia, etc. It means the disectiniury or camplication which caused death.)	ise,	L111111001111		
ANTECEDENT CAUSES	(B) WOR	KIN WHES I	AND DUST AN	b 30 YEARS +
	DUE TO C	ICAPETTE SNOW	ONG	
DISEASES OR CONDITIONS, if any, giverse to the above cause (A) stating				
UNDERLYING CONDITION last.	(4)	~ 6.6.000		
ll ll	HYPERTER	YSIVE ATHEROS	CVEDODC	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	TING CARDIOVASCU	MAR DISEASE,	CONGESTIVE	
DISEASE OR CONDITION CAUSING IT.	HEART FAIL	DIE LNER CIF	42H0515	
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20%, AUTOPSY? (Yes at No)	10 CERTIFYING CAUS	NDINGS CONSIDERED
ERI	-		/\	0
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, farm, foctory, street, a	n ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact location)
	etc.)	gate.		
Q 21D, TIME (Month) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi			
	Work At Wark		-10	16 11
22. I certify that (4)(this haspital) attende				
that (1) (we) last saw the deceased alive o	on NONEMBER	6 and the	ıt in (my) (🏎 apini	an death accurred an the date
and haur and fram the causes stated above	o. (I) (Wat (did) (did not)	view the bady after death.		
23A. SIGNATURE			- 1	3B. DATE SIGNED
John C. Lumler In	M.D. Att	ending Med.	Staff Phys.	MON. 16, 1966
DEC. PHYSICIAN'S		23 D. ADDRESS		
NAME (Type)	TO M.D.	UNN, OF MI	- 1031	1201
24A. BURIAL CREMATION, 24B. DATE 24C	C. NAME at CEMETERY of CR	EMATORY 124D 16	CATION (City,	town, or county) (State)
REMOVAL (Specify)				
	Bel Air Memoria		l Air	Harford Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
NOV 21 1966 (R.O.)	FR FA. B.M.M.	- Howard KoMcg	pmas & Son,	Abingdon, Md. 2100
VS 150-DEV 1/1/65				

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

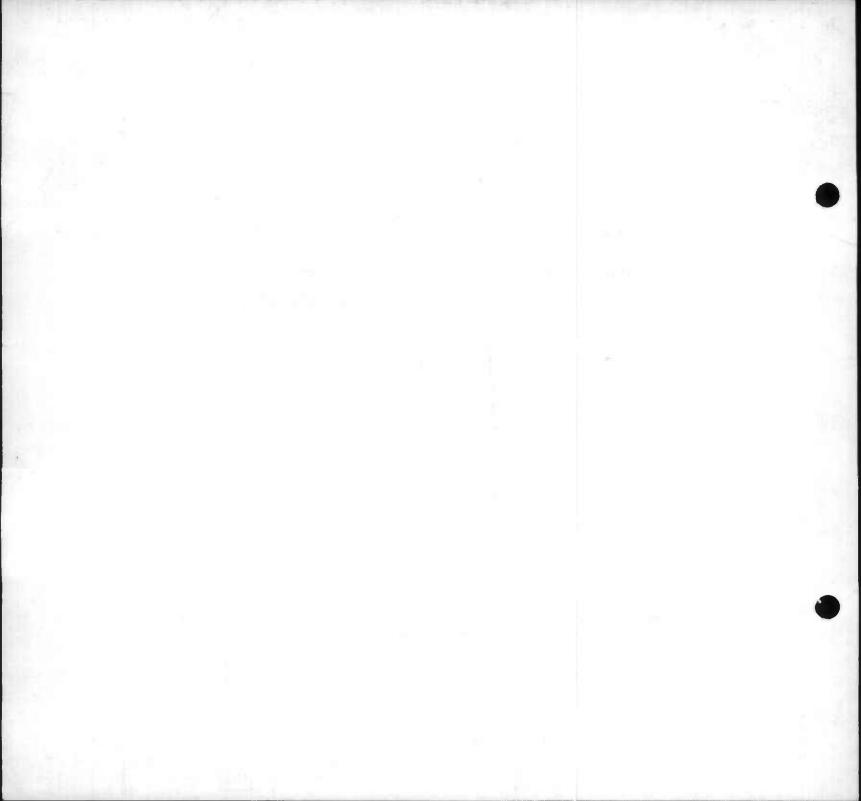
	100 4 30000	BALTIMORE CITY	HEALTH DEPARTMENT		00 14040
ZH.	erth No. 66 11610	CERTIFICA	TE OF DEATH	Registered Na.	66 11610
	A.E. CASE NONAME OF DECEASED	0 0	" / 2. DATE AN	D HOUR OF DEATH	
	Type or Print) a Cuclus	v C. Sm	ith "	16/66	112,25 A M
	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		nstitution: residence before admission)
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) INSTITUTION	ion, give street	C. CITY OR TOWN (If out	Iside city limits, write	RURAL ond give township)
1	48		D. STREET ADDRESS (III	rurol, give locotion)	W.
	May Goul bereio	I beospetal	Box H	52	
	M W WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)	10/16/04	9. AGE (In years lost birthdoy) 6 Z	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	OA, USUAL OCCUPATION (Give kind of work 108, KIN lone during most of working life, even if retired)		11. BIRTHPLACE Stole or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Lineral Corety	nistruction	not.		USA
	3. FATHER'S NAME	·M.	14. MOTHER'S MAIDEN NAM	he La Truck	
1	5. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ia / nico	ADDRESS
	Yes, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	Church		
-	18.	216-07-0159 CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		~ 1	1	ONSET AND DEATH
ı	LEADING TO DEATH	(A) hu	yo cardial h	ufactur	a days.
	This does not meon the made of dying, heart failure, asthenia, etc. It means the disc		0	1	
	injuly of complication which caused death.) ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, gi	DUE TO		- A6-40 T 6A 0-00 E E 6A 60-00 E E 6A 60-00 E E 6A 60 E E 6A	
	uise to the obave cause (A) sloting		hpmAmir 00000 0 00 00 00 00 00 00 00 00 00 00	0 7 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	II				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(If in Boltimor	re City, give exect locotion)
	O 21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
	OF INJURY (APPROX.)	While At Not While Work At Work	e		
	22. I certify that (I) (this hospital) attend		11/11	196 (1a /	1/18 1966
	that (I) (we) last saw the deceased alive	11/10	11		Inlan death accurred an the date
	and haur and fram the causes stated above	/ 19			
	23A. SIGNATURE		,		23B, DATE SIGNED
	Demil Cuille	M.D. Atte	ending Med. Director	Stoff Phys.	
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	o poster (in Rust
		C. NAME OF CEMETERY OF CRI	EMATORY 24D. Le	OCATION (C	ity, town, or county) (State)
	Burial 11/19/66	Baldwin Memorial	Cemetery Mi	illersville	
1		ME OF REGISTRAR	25C. FUNERAL DIRECTOR		A.A. Coopers
	NOV 21 19661 19	6- Stortalling -	Z HOPPING FUNER	1 7 77 / 17 / 17	Annapolis Md.
1	'S 150-REV. 1/1/65		1 10 00 50		, , , ,



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Nic	00 4404		BAL	TIMORE CITY	HEALT	H DEPARTMENT		and the same of	
HANE	66 11611		CE	RTIFICA	TE C	F DEATH	Registered	No	CG 11611
NAME OF DE	CEASED						AND HOUR OF D	EATH	
ype or Print)	DAWES C	0001	0				-		1.1
BLACE OF D	EATH IN BALTIMORE MA		R.		I LIEU	D.	30 Am 11	- 18	66 6:30 Z
TEACE OF D	LATH IN BALLIMORE, MA	KILAND			A. STA	re B. CO	UNTY		
FULL NAME	OF (If not in hospital	or institution.	give street		N.	J	BENKELI	GY H	GTS.
HOSPITAL OF	oddress or location	n)	B		C. CITY	OR TOWN (If	outside city limits,	wrife RURA	GTS . AL ond give township)
55						BERN	CLEV HE	TS	11-27
/			-7		D. STRI	ET ADDRESS	(IF rurol, give location	on)	-
JOHNS	HOPKINS ME	DICAL	INSTIT	ation3.		176	LAWRE	NCB	De.
SEX	6. RACE		, NEVER M.		B. DATE	OF BIRTH	9. AGE (In year	. 16	Hadas I Va II Hadas 24
F	W		D, DIVORCE		4	-12-4	lost birthdoy)	+	onths Doys Hours Mi
A, USUAL OC	CUPATION (Give kind of work				11. BiRT				2. CITIZEN OF WHAT COUNTRY?
-	ACHER	400	USEW	IFR		News	JERSBY		USA
FATHER'S NA	1				14. MO	THER'S MAIDEN	NAME	*	
	Frank Winte	ers				Ruth He	rmann		
. Was Decease es, no or unknov	ed Ever in U. S. Armed For	ces? s of service)	1 6. SOCIA	L ITY NO.	17. INFO	RMANT			ADDRESS
1/4)			32001		1/1	spital K	Banela .		
18.	-2/ 61		1	CAUSE O			Congs >		INTERVAL BETWEEN
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A. DATE REC'	D BY HEALTH DEPT.	25B. NAME	OF REGISTR	AR	25C.	FUNERAL DIRECT	OR	ec,	ADDRESS
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	NOV 2 I 1966	1 Of Jee	0 5	CAUSCOLON) W	600 R- C	MOOKS INC	BA	Himore MD.

VS 150-REV. 1/1/65



REMOVAL (Specify)

24A. DATE REC'D BY HEALTH DEPT.

Nov. 22,

1966

24B. NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) ANDREW BROWN November 17, 1966 9:30 P. M. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Mary land FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ADDRESS OR LOCATION) Baltimore D. STREET ADDRESS (II rurol, give location) Union Memorial Hospital (DOA) 14 2911 Miles Avenue 5. SEX 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH Under 1 Yr, If Under 24 Hrs. WIDO WED, DIVORCED (specify) lost birthday Months, Doys, Hours, Min. Male White 54 50k Married 1-26-1912 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) CONSTRUCTION WORKER Potts& Callahan U.S.A. Virginia 4. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16. SOCIAL (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO. No Eleanor Brown 2911 Miles Ave. Balto., Md. 223-10-6279 CAUSE OF DEATH INTERVAL BETWEEN 1B. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic heart disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) TIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Cirrhosis of liver DISEASE OR CONDITION CAUSING IT. CER 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, lorm, factory, street, office bldg., INJURY OCCUR? EDIC UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) WHILE AT NOT WHILE 22. Inspection X Autopsy I certify that I held an Inquiry and that on this basis, death In my opinion resulted from: Notural couses X Suicide Homicide Accident Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE **EXAMINER'S** Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER November 18, 1966 NAME (Type) 23A. BURIAL CREMATION. 23B, DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county)

Lake View Mem. Park

24C. FUNERAL DIRECTOR

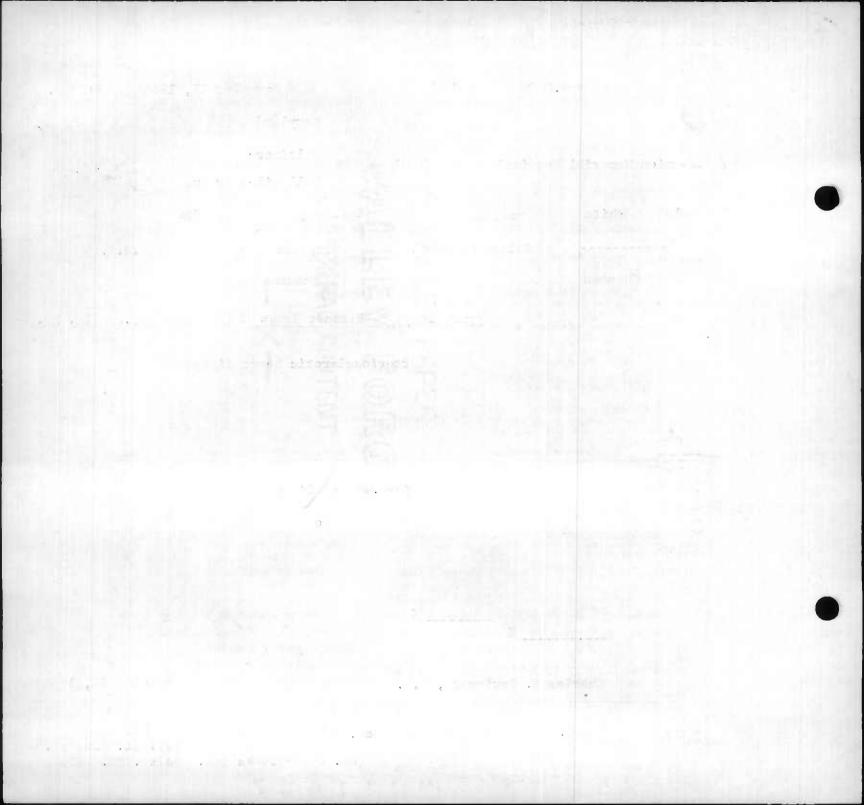
Wm. Cook-Brooks Inc.

Maryland

Balto, Md. 21202

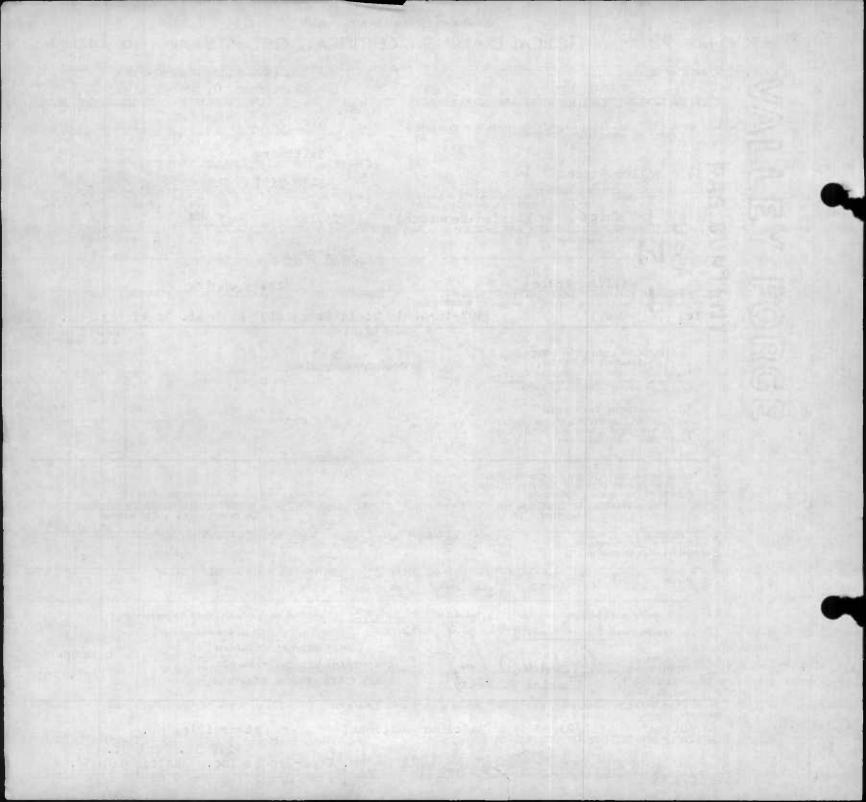
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Baltimore



B-620

BIRTH NO. 66	1101 MED	ICAL EX	KAMINER'S C	ERTIF	CATE OF	DEATH Registe	ered No.6	11613
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FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT		UTION, GIVE STREET	C. CITY	Maryland or town (If outside	e corporate limits, write	e RURAL on	nd give township)
					Baltimore			
3/30 Di	illon Street			D. STREE	T ADDRESS (If rurol,	give location)	01	0.04
2420 1	erron bereet				3430 Dill	lon Street	de	7-04
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE	OF BIRTH	9. AGE (In years lost birthdoy)	If Under	1 Yr. If Under 24 Hr Doys , Hours , Min.
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	112112 P							
5. WAS DECEAS	William Bru		16. SOCIAL	17. INFOR		ey Gunter	ADDRESS	
Yes, no or unknow	n) (If yes, give wor or dote		SECURITY NO.					
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	HE ABOVE CAUSE (A) S'	TATING THE						
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2	11							
OTHER SIG	INIFICANT CONDITIONS							
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	AL CAUSE WAS	21B.	PLACE OF INJURY (e.g.,	in or obout	21C. WHERE DID	(If in Boltimore City, gi	ve exoct lo	
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SIGNAT		ailes J	letter un	ASSIST	ANT MEDICAL EX	CAMINER X		
EXAMI		1 C	1		ATE MEDICAL E			11/20/66
NAME	Ullar	les S.	retty	7,000	THE MEDICAL L			
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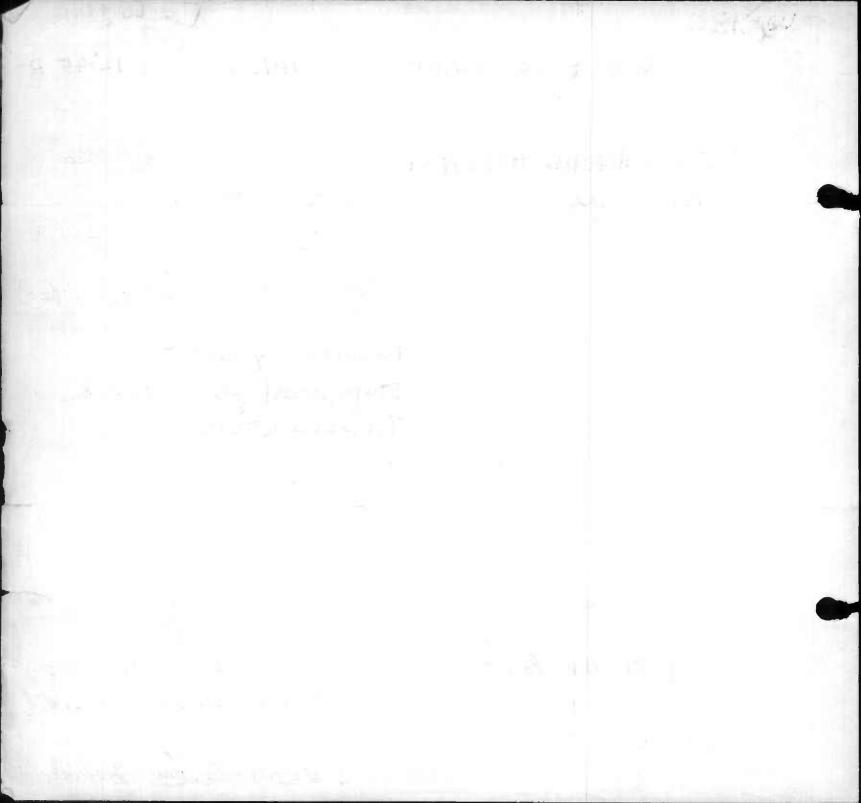
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инти NO. 66 11614	CERTIFICA	TE OF DEATH	Registered Na.	r. arrolls
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Type or Print) WENDIE	R SWIFT	11-16	1.66	12 45 8
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		MARYLAND B. COUNT	BALTIM	ORE C.
FULL NAME OF (If not in hospital or in hospital or in oddress or location)	institution, give street			RURAL ond give township)
INSTITUTION			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[] 0
33	•	D. STREET ADDRESS (If re	urol, give location)	50-70
JOHNS HOPKINS	HOPPITAL	2810 OLD NO	RTH POINT	RUAU 21222
	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. , If Under 24
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3. FATHERS NAME		14. MOTHERS MAIDEN NAM	N E	
OLIVER SWIFT				
5, Was Deceased Ever in U. S. Armed Forces Yes, no or unknown) (If yes, give wor or dotes o		17. INFORMANT	2 11	ADDRESS
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injury or complication which caused de	eoth.)	raphycoccal	Annua da san	- Xa al. A
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TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (OF INJURY (APPROX.) 22. I certify that (I) (this hospital) of that (I) (we) last sow the deceased and hour and fram the couses stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24B. DATE	D TO THE ION FOR WHICH OPERATION RMED 218. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.) Hour) 21E. INJURY OCCURRED While At At Work ottended the deceosed from	in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 ond the order death. 23D. ADDRESS 24D. LC	URY OCCUR? 9 66 to 10 t	inion deoth accurred on the 238, DATE SIGNED 1966 Lity, town, or county) (Sto



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BALTIMORE CITY HEALTH DEPARTMENT

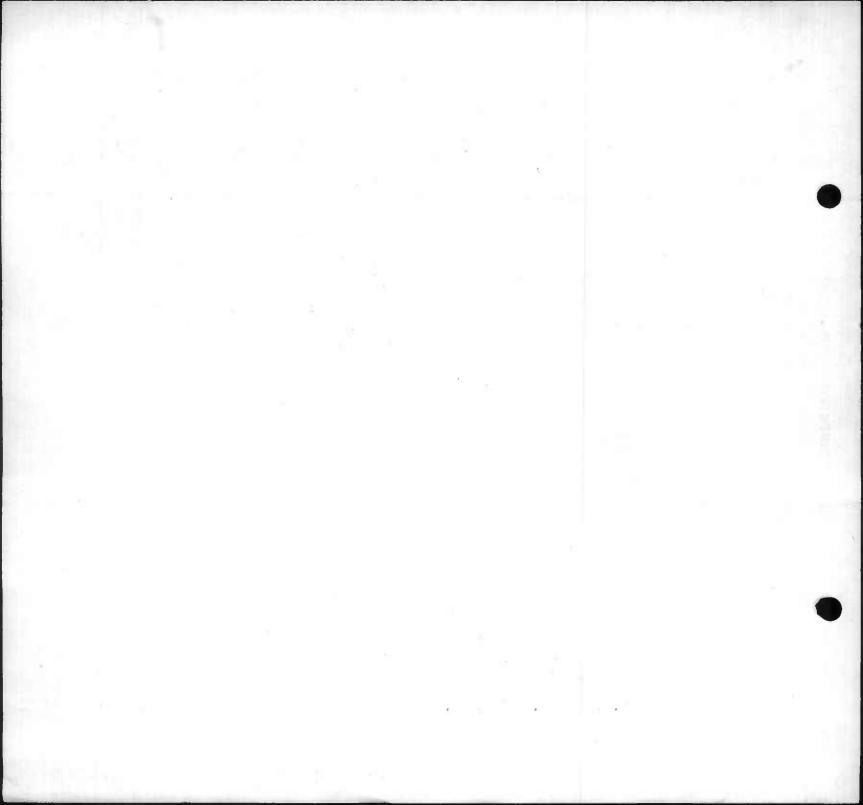
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Palt

med.

	H NO. 66 1161.6	CERTIFICA	TE OF DEATH	Registered No	00 11616
1. N.	AME OF DECEASED Thomas K	rentzbergi	2. DATE AN	D HOUR OF DEATH	266 656AM
	LACE OF DEATH IN BALTIMORE, MARYLAND	tion, give street	A. STATE B. COUN		titution: residence before odmission)
H	OSPITAL OR ADDRESS or locotion Ave		4	side city limits, write RU	RAL end give to (Ship)
3	Baltimore, Ma		D. STREET ADDRESS (IF	De Sot	Rd. 21230
5, \$	Male White WID	RIED, NEVER MARRIED OWED, DIVORCED (specify)	4-1-90	9. AGE (In years lost birthdoy) 76	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	USUAL OCCUPATION (Give kind of work 108. KIN during most of working lite, even if retired) at those City Employee in g	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore)	an country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME	8	14. MOTHER'S MAIDEN NA	2/ to 00	
15. V (Yes	Was Deceased Ever in U. S. Armed Foros?, no or unknown) (If yes, give wor or doles of service)	211 12 2111	7. INFORMANT	O Faston A	ADDRESS
1	18.5 81,01	218-09-8/66 CAUSE O	RECORDS: BCH 494	to restern A	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying,	e.q., DUE TO	Circhosis		10-20 Years ??
	heart failure, asthenia, etc. It means the dis injury or complication which caused death.)	ease,			
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, g rise to the obove cause (A) stating UNDERLYING CONDITION tost.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
ā	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work		URY OCCUR?	
	22. I certify that (+) (this hospital) attend that (+) (we) last sow the deceased alive	ded the deceased from	1 -	19 66 to /	7 Nov 19 66
	and hour and from the causes stated abo	ve. (1)-(We) (did) (did not) v	ending Med.	Stoff Phys.	23B. DATE SIGNED 17 NOU 1966
	23C. PHYSICIANS NAME (Type) Dr. Dudley A Re	aine, Jr. M.D.	23D. ADDRESS 4940 Eastern Av		re, Maryland 21224
24A		Western Cemeter or CR	EMATORY 24D. L		Selling Total
25A	NOV 21 1966	ME OF REGISTRAR	John J. Cowse +	An Ju. 9	ADDRESS Of Halling St.
VS	150-REV. 1/1/65		0 0	7.	J. 14 22 2 1



23C. NAME of CEMETERY or CREMATORY

EXAMINER'S

Werner U. Spitz.

24B NAME OF REGISTRAR

NAME (Type)

23A, BURIAL CREMATION,

REMOVAL (Specify)

Buyeal

24A, DATE REC'D BY HEALTH DEPT.

VS 151-REV, 1/1/65

11/14/66

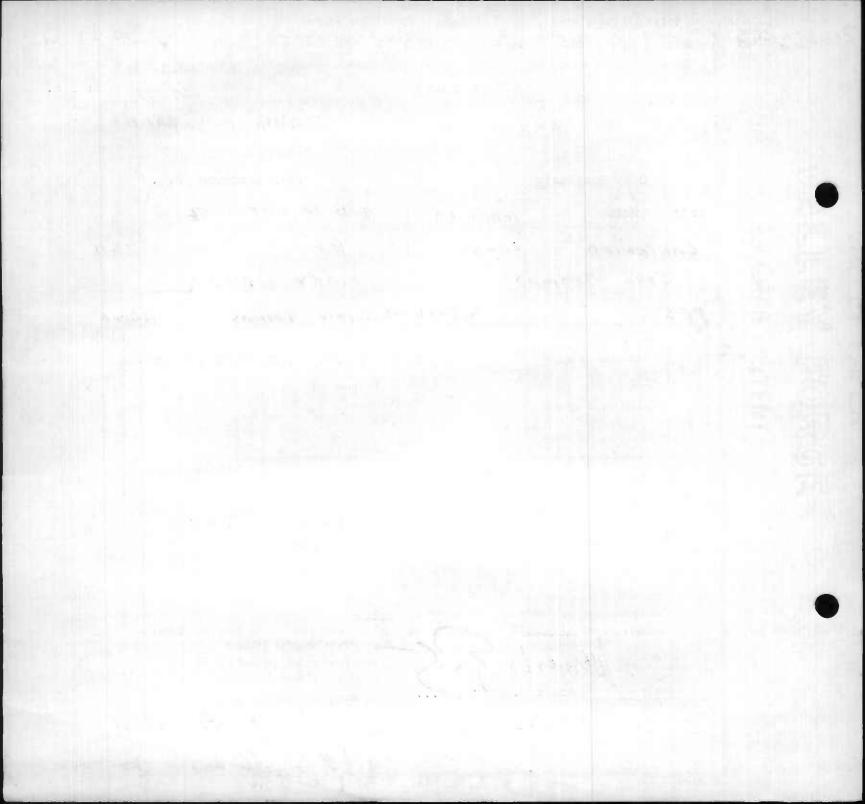
ADDRESS

(City, town, ar county)

ASSOCIATE MEDICAL EXAMINER

24C. FUNERAL DIRECTOR

23D. LOCATION



B-653

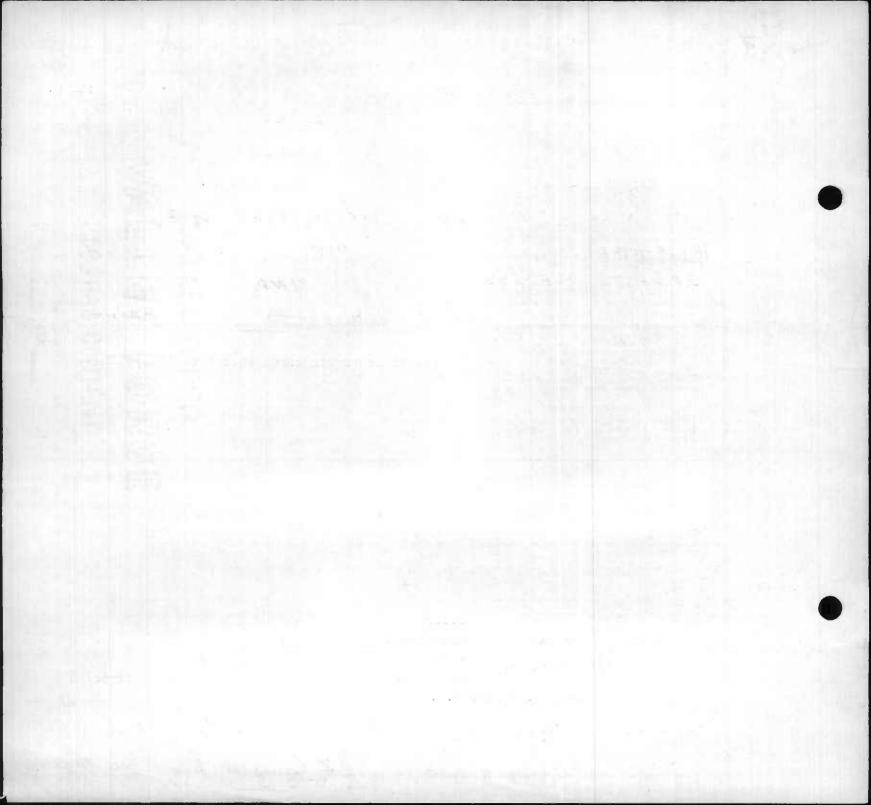
36 11618 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. DE M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD 9:25 p. M. Brandt 11/14/66 Margaret 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR INSTITUTION Baltimore D. STREET ADDRESS (If rurol, give location) 1418 Kent Rd. City Hospitals 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months | Doys | Hours | Min. DEC. 30, 1896 MARRIED white female 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? HOUSE-WIFE USA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME EKNEST UNK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO. ABOVE HUSBAND CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (AArteriosclerotic cardiovascular disease LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C).... CATION 31 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CER 9A, DATE OF OPERATION 119B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? no 21 A. EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21E. INJURY OCCURRED (Month) (Dov) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK 22. Inspection X I certify that I held an Inquiry Autapsy and that an this basis, death in my apinian resulted fram: Natural causes X Accident Spicide Hamicide DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 11/15/66 EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) Werner U. Spitz, M.D 23A, BURIAL CREMATION. 23C. NAME of CEMETERY or 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)

ADDRESS

00 Phrac

124B. NAME OF REGISTRA

VS 151-REV. 1/1/65



		BALTIMORE CITY	HEALTH DEPARTMENT	l'	66 11619
	BIRTH NO. 66 11619	CERTIFICA	TE OF DEATH	Registered No	00 11013
	IN. E. CASE NO. 1. NAME OF DECEASED (Type or Pint)	011		D HOUR OF DEATH	
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	re Pohlmar		18,1966	9:20 A.M.
	S. PLACE OF DEATH IN BALLIMORE, MARICAND		A. STATE B. COUNT	r deceased lived. It inst TY	itution: residence before odmission)
	FULL NAME OF (If not in hospital or institution HOSPITAL OR oddiess or location)	n, give street	C. CITY OF TOWN (If outs	side city limits, write RII	JRAL and give township)
FI	INSTITUTION	41	Battimore	side city minos, while we	5.3
9	Union Memorial Hos	spital	/	urol, give location)	
ade.			16 Made/11		W. H. J. W. W. H. J. 24 H.
E		ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	ost birthdoy)	Months Doys Hours Min.
15	10A, USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BARTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF
ion	done during most of working life, even if retired)	manage de	I md		WHAT COUNTRY?
osit	13. FATHER'S NAME	reapons plan	14. MOTHER'S MAIDEN NAM	A E	4,011.
disposition	Mr. Henry Pohlm	an	Crescent	ia Geig	er
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1110	ADDRESS
final	NO	215-42-1430	Mrs Elizab	eth lohi	man is ame
0	18.	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
Po	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C.lava	nic Glomeru	lanenhute	
balm	(This does not meon the made of dying, e heart failure, asthenia, etc. It means the diseo		me giomera	Oreganities	
mpc	injury ar camplication which coused deoth.)				
0	ANTECEDENT CAUSES	DUE TO			
are	DISEASES OR CONDITIONS, if ony, givi		CVD		***************************************
remains	UNDERLYING CONDITION Iosi,				
E C	O OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
9 re	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		120 A		
the	198-DATE OF OPERATION 198. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
before	U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct locotion)
bef		home, form, foctory, street, of etc.)	mice biago, INJURI OCCUR:		
	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
ained	< (A PPROV)	While At Work Not While At Work	•	/	
obt	22. I certify that (1) (this hospital) attende	d the deceased fram	0/3/	9 66 10 11/1	8 1966.
pe	that (I) (we) last sow the deceased alive o		•	ot in (my) (our) oplni	ion death accurred on the date
must	and hour and from the couses stated above	. (I) (We) (did) (did not) v	riew the body ofter death.	Ī	23 B. DATE SIGNED /
	Wat & - Wantage		ending Med.	Stoff	11/10/11
DA	23C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phys.	11/10/06
approval	NAME (Type) NAT. E. WATSON	V, JR. THE□.	UNION MEMORIA	L HOSPITAL	,
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY OF CRI			, town, or county) (Stole)
ten		OST HOLY RED	FEMEL CEN. 443	O BELAIN ROA	LTO. MD
written	25A. DATE REC'D BY HEALTH DEPT. 25B, NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
5	VS 150-REV. 1/1/65	2000	- VIPPEL BROS	INC. THO	BELAIR ROAD

The Honey may some the Bythe 120 the Bathmere Unice Themerical Hospital 16 Modeline ave. 10/07/43 73 Male Caucasian Married Retired from Paralacapars plant Mid. 4.5A Crescentia Genger Mr. Henry Pohlman Mrs Elizabeth lehlmen Son Chrone Chamerulonephints ASCYD The second of the second

BALTIMORE CITY HEALTH DEPARTMENT 66 11620 BIRTH NO. Registered No CERTIFICATE OF DEATH on the h. Such contributing cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO." 2. DATE AND HOUR OF DEATH (Type or Print) EORGE LOOK death. 3. PLACE OF DEATH IN VALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) attendance B. COUNTY (If not in hospital as institution, give street FULL NAME OF HOSPITAL OR address or location) write RURAL and give township) 0 ORE prior is made. regular MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 6. RACE B. DATE OF BIRTH . AGE (In years If Under 1 If Under 24 Hrs. deceased Months Doys Hours lost birthdo ARRIED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) BAKE2 MARYLAND BAKERY CLIFTON MARCARET ਰ 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give war or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL final SECURITY NO. COOK 0 1B. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed INFARCTION LEADING TO DEATH (This does not meen the mode of dying, e.g., hearl foilure, asthenia, etc. If means the disease, injury or camplication which coused death.) em ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving the above couse (A) stoling the remains UNDERLYING CONDITION last. An accident of any nature; (2) Body burns; ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the ERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF the body was released to the hospital DEATH (notify medical examines) obtained 21 D. TIME OF INJURY (Hour) 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 21 E. INJURY OCCURRED While At Not While (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive on and that In(my) (aur) apinian death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 238, DATE SIGNED M.D. Attending Phys. Stoff Director approval prior at NAME (Type) DR IHE MALLON MEMOR IALLONGSP was D.O.A. deceased written ap shows: (1) 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)

BURIAL NOV 22 25A. DATE REC'D BY HEALTH DEPT.

great there is cope with as 2 th MARKEYLAND BALTIMORE Um on Merrich Hosp 35-A JOPPA ROAD MALE WATE MALLED 07-20-16 55 BOND BAKES MARVLAND ". U. S. CLIFTON COOK MARGARET BAKER THE STATE CATHERING COLK & CHARLES STATES MYCLARDIAL INFARCTION 32 /6/1/ 32 /31/4 18111 solder wind 23/6/11 ZOLTAN ZAZDAY UNON MONER HOLD DE DESCRIPTION OF THE WAY THE STATE STATE STATE AND A STATE OF THE STA DIPPEC BIRTS INC. THE BEENK RIS

to death. Such

	00 14001		BALTIMORE CITY	HEALTH DEPAR	TMENT		210	1 1 50	
BIRTH NO.	66 11621		CERTIFICA	TE OF DE	ATH	Registered Na.		1162	
M.E. CASE NO.	EASED				2. DATE	AND HOUR OF DEATH			-
(Type or Print)	LIBKEY, ROBE	RT FRE	D			vember 18, 19		7:45	PM
3. PLACE OF DE	ATH IN BALTIMORE, MA			4. USUAL RESID		here deceased lived. If i		ence before a	odmission)
FULL NAME (OF (If not in hospital oddress or location		give street	Marylan	nd Ba	altimore outside city limits, write	PLIPAL and ai	ve township)	
VETERANE	ADMINISTRATI	ON HOS	PITAL			ousine city mints, wife			
	H RAVEN BLVD			D. STREET ADDR		(If rural, give location)	1		/
	E, MARYLAND 2	21218		612 E.	Pratt	t Street			
5. SEX	6. RACE	7. MARRIED	D, NEVER MARRIED ED, DIVORCED (specify)	8. DATE OF BIRTH	4	9. AGE (In years lost birthday)	If Under 1 Months: Do	Yr. If Unde	er 24 Hrs.
MALE	CAUCASIAN		RATED	11-3-20		46			
	UPATION (Give kind of work working life, even if retired)	10B, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or fo	oreign country)	12, CITIZEN WHAT	OF COUNTRY?	
				BALTIMO	PE, I	MARYLAND	UNITE	D STATI	ES
Counters NA	ME			14. MOTHER'S M					
	LIBKEY			CLARA	BROW	NING			
	d Ever in U. S. Armed For n) (If yes, give wor or dote			17. INFORMANT	17.	and to 7 December	a	DDRESS	
YES	9/17/42-1/15	5/46	220-03-95-31	Poltimo	is no	spital Record Maryland 212	18		
DISEASES rise to the UN DERLYIN	nol mean the mode of cost of the course of t	the disease death.) ony, giving stating the	(B)			fline (d		nopul	
TO THE DISEASE OR	CONDITION CAUSING	TED TO T	WHICH OPERATION	20A. AUTOPSY	?(Yes or	No) 20B. IF YES, WERE	FINDINGS CO	NSIDERED	
19A. DATE O	WAS PER	FORMED		No		IN CERTIFYING CA	AUSES OF DEA	ATH?	
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examined	21 ho	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o c.)	n or obout 21C. WH lfice bldg., INJURY	IERE DID OCCUR?	(If in Boltimo	ie City, give e	xoct locotion)	
21D. TIME OF INJURY IAPPRDX)	(Month) (Doy) (Year)	W	E INJURY OCCURRED (hile AI Not While At Work		W DID I	NJURY OCCUR?			
22. I certify	y that 🗯 (this hospital) attended	the deceased framSe	ptember 20) ,	19 66 to Nove	ember 18	15	9 66
that 💥 (we) last saw the decease ad from the causes sta URP	ed alive an	November 18	19 66	and		23 B. DATE S	SIGNED	
230 PHYSICI	MS Typel	6	Menshy	s. Din	rector	Phys		per 20,	1966
YOUNG						altimore, Ma			
Purial	(Specify) 248. DATE	11	ltimore Nation			altimore, Ma	ity, town, or c	ounty)	(Stote)
25A, DATE REC'I	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL		OR MA	Jadia	ADDRESS	1

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VS 150-REV. 1/1/65

model industry Caracter Street Lands: 10 March 1997 | 1 March 1997 Christian Communication The state of the s BENDELLES TO BENDELLE

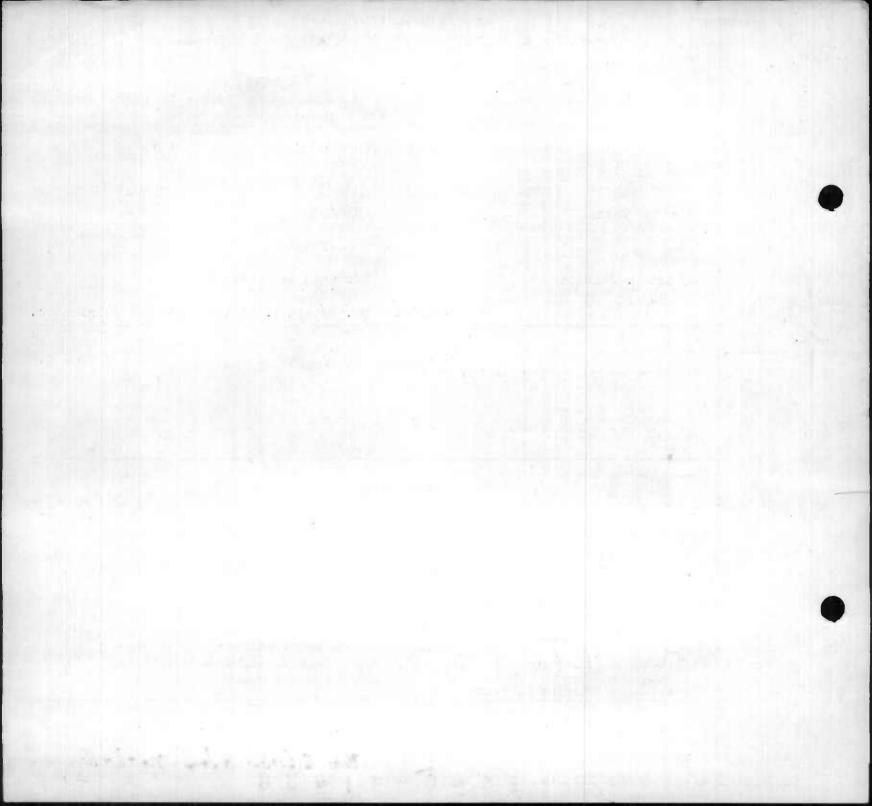
1	C111	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	
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	body ws: (1) D.O.	Tell c
	the show	=

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CERT	IFICATE OF DEA	TH Registered No.	. 00 11066
AME OF DECEASED	2. 1	DATE AND HOUR OF DEATH	1
ABY GIRL DANEKER LACE OF DEATH IN BALTIMORE, MARYLAND	Ha Henra Dreibra	CE (Where deceased lived, If	966 4:50,
ACE OF DEATH IN BALLIMORE, MARILAND	A. STATE	B. COUNTY	institution; residence before odmissio
ULL NAME OF (If not in hospital or institution, give street oddress or location) SSTITUTION	MARYLA.	(If outside city limits, write	RURAL ond give township)
5	BALTIMO D. STREET ADDRESS	RE	53-00
HWRCH HOME AND HOSPITAL	354	LAMBOURNE	RD.
6. RACE 7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED (5)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Ho Months Doys Hours Min.
USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR I	NDUSTRY 11. BIRTHPLACE (Sto.)	le or foreign country)	12. CITIZEN OF
during most of working life, even if retired)			WHAT COUNTRY?
	MARYLAN 14. MOTHERS MAII	O	U.S.A.
ATHER'S NAME			
DAVID DANEKER	SARAH	MASTERSON	/
Vas Deceased Ever in U. S. Armed Forces? Indicate the property of the service of servic	17. INFORMANT		ADDRESS
1B. 760, 5 I	AUSE OF DEATH	-	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTRA CRANIA	L HEMORRHAGE	
(This does not mean the mode of dying, e.g.,	ЕТО		
heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)		×	
ANTECEDENT CAUSES (B)	E TO	***************************************	## ###################################
DISEASES OR CONDITIONS, if any, giving			
rise to the above cause (A) stating the (C)	PREMATURIT	4	
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	valine Henri	and The.	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATI			FINDINGS CONSIDERED
WAS PERFORMED	455	IN CERTIFYING C	AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJU OR CONTRIBUTING CAUSE OF home, form, foctory,	JRY (e.g., in or obout 21C. WHER	E DID (If in Boltime	City, give exoct (ocotion)
DEATH (notify medical examiner) etc.)	street, office bldg., INJURY OC	COR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCU	RRED 21F, HOW	DID INJURY OCCUR?	
OF INJURY (APPROX.) While At	Not While		
Work L	At Work		
22. I certify that (1) (this hospital) attended the deceased fr		1966 to 100	
that (I) (we) last sow the deceased alive on	00. 19, 1966	ond that in (my) (our) op	pinion death occurred on the d
and hour and from the causes stated above. (1) (We) (did) (d	·		
23A. SIGNATURE			23 B. DATE SIGNED
reaces fr. you	A.D. Attending Med. Direct	or Stoff Phys.	11-20-66
Page (Type)	23 D. ADDRESS	. 0 K 0 9	+ An
BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE	RY of CREMATORY	24D, LOCATION (C	City, towk, or county) (State)
REMOVAL (Specify)		North Ave & Ro	ose St.
			Balto, Md.
DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR M		15c s / mm //	ADDRESS
MAN ET 1200 AMBEND R. P. V.	3WM. 40	Dener & Deno.)	rock & lema and
50-REV. 1/1/65	V		

STEPSON STEPS The same and the same of the same Fig. 1996 AND 1 1 LAND TO AND Fearling to me Eddelia Wilm Charle Kons 4 Hay and the second second second in the second

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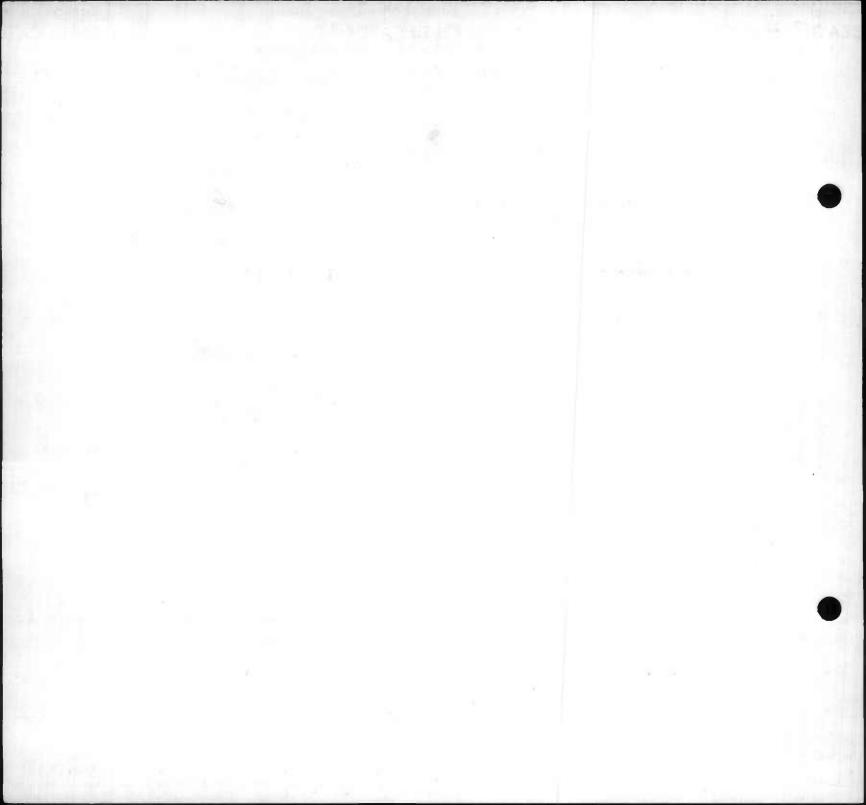
IRTH NO.	M	EDICAL EX	CAMINER 5 CI	EKTIFICAT	E OF D	EATH Register	red No	170 11.170
A.E. CASE NO.					_011			
1. NAME OF DECEASED (Type or Print) NAME OF DECEASED				2. DATE AND HOUR PRONOUNCED DEAD				
DI A GE INI DALTI	NAOM:		FUCHS	Ti usima sama		er 19, 1966		10:10 A M
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				A. STATE		B. COU	NTY	dence before odmission
ULL NAME OF	(IF NOT IN HO	OSPITAL OR INSTIT	UTION, GIVE STREET		yland	comprete limite unite	PILIDAL	L 1-10
OSPITAL OR	ADDRESS OR	LOCATION)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give				nd give township
			Baltimore					
) 924 B	elgian Av	enue		D. STREET ADDRI				
				-		n Avenue		
SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		Doys Hours Min.
Female	White	Wide		7/8/190		58		
OA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BU						CITIZEN OF WHAT COUNTRY?		
		Но	sewife	Maryla	and			
FATHER'S NAM	E			14. MOTHER'S MAIDEN NAME				
Herbert	E. Johnson	n		Johanna	a May Re	eddish		
	O EVER IN U.S. Al		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
, 110 o. siikiio 4117	, 5 5, 8176 401 0		M 215-18-9604	Mr. Mar	tin W. I	Ellingswort	h 924	Belgian Ave
18.	1		CALISE	OF DEATH				INTERVAL BETWEEN
001								ONSET AND DEATH
DISEAS	E OR CONDITIO		Acut	e Ethylism				
(This does no	of meon the mod	de of dying, e.g., meons the diseose,	DUE TO	e Ethyllon				- 400 000 000 000 000 000 000 000 000 00
injury or com	plication which co	used deoth.)						
Α.	NTECEDENT . CA	LIECEC						
	OR CONDITIONS,		(B)DUE TO		*************			
RISE TO THE	A BOVE CAUSE OF	(A) STATING THE	502.0					
	0 00112111011 0		(C)					••••
2	11							
		ONS CONTRIBUTI	TITE .					MENTE T
DISEASE OR	CONDITION CAL		Fatty Fatty	Liver.				
19A, DATE OF		CONDITION FOR	WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 2	OB, IF YES, WERE FIN	DINGS C	ON SIDERED
		4		Yes				Yes
21 A. EXTERNAL UNDERLYING		21 B.	PLACE OF INJURY (e.g., i	in or obout 21C. W	HERE DID (II	f in Boltimore City, giv	e exect le	ocotion)
UNDERLYING DUTING CAUS		etc.)	.,		- 000 N:			
210 11111	(Month) (Doy)	(Yeor) (Hour)	TE. INJURY OCCURRED	21 F. HO	W DID INJUI	RY OCCUR?		
OF INJURY (APPROX.)			WHILE AT NOT	WHILE				
22.			WORK AT W	ORK L				
	ify that I held or	n Inquiry	Inspection Aut	opsy X ond	that on this	bosis, deoth In m	y opinio	n
result	red from: Noture	ol couses X	Accident Suicide	e Homicid	e U	ndetermined monne	r 🗌	
	6)/	//_	CHIEF ME	DICAL EXA	AMINER _		DATE COLES
SIGNATU		hailes &	Telly 40	ASSISTANT ME	DICAL EXA	AMINER X		DATE SIGNED
EXAMIN			М. В.	ASSOCIATE ME				11/20/66
NAME (T	Type) Cha	rles S. Pe	tty		TONE EN			
A. BURIAL CREA		TE 23	C. NAME OF CEMETERY O	CREMATORY	23 D. LO	CATION (City,	town, or	county) (Stote)
Buria		/22/66	Loudon Park	Cemetery	Bal	timore, Mar	vland	
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA			-	ADDRESS
NOV.		22.58.		111	2 17 1	1		h & Genna.
MAN :	13 1320 C	COON C.		wm.	1. Ilekn	er 1 Somo	Meri	h & Dennie.
S 151-REV. 1/1/6	5.5	1 3	12 6 1 1	2 1 64				2101



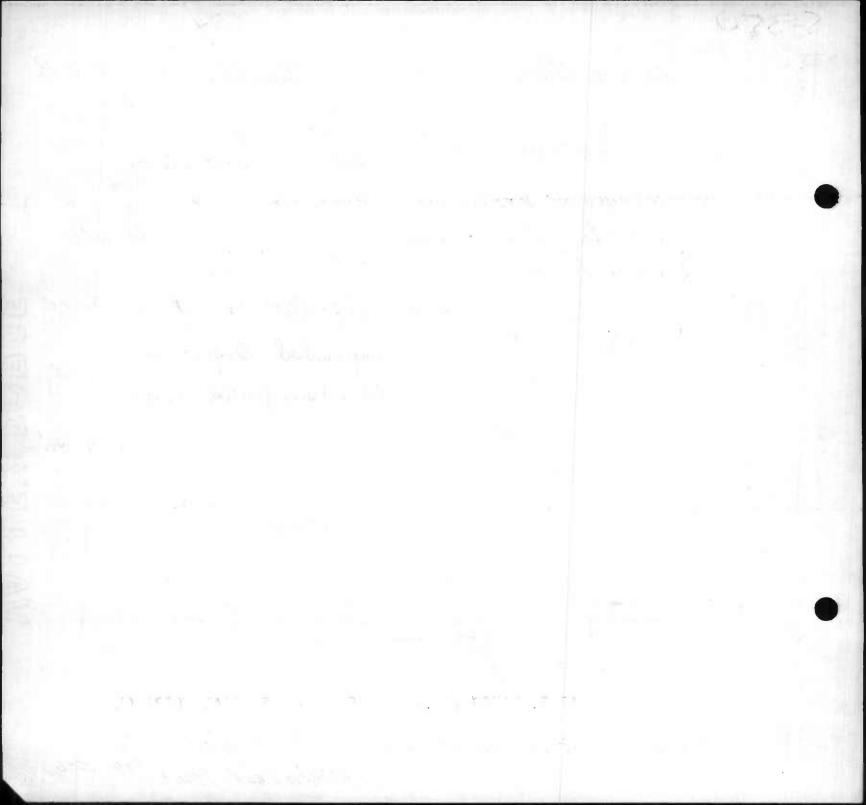
	BALTIMORE CITY	Y HEALTH DEPARTMENT				
		TE OF DEATH Registered No. 66 11624				
1.1	E CASE NO. IAME OF DECEASED pe or Print!)	2. DATE AND HOUR OF DEATH				
	PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY				
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) NSTITUTION	Maryland C. CITY OR TOWN (If outside city fimits, write RURAL and give township)				
14	I B C	D. STREET ADDRESS (If rurol, give location)				
	SEX 6. RACE 17. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.				
F	emale Colored married (specify)	11/27/09 lost birthdoys Months Doys Hours Min.				
	N. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY to during most of working life, even if retired)	WHAT COUNTRY?				
12	House Wife Home	Lawrence S. Carolina				
13.	101.1					
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Carrie Fletcher 17. INFORMANT ADDRESS				
(Ye	s, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	Willie Campbell-1903 W. Fayette Street				
		OF DEATH INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	one bral blumpriles of day				
	(This does not meon the mode of dying, e.g., (A) DUE TO	seited Hyperleusin				
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	sente & Harriston				
	ANTECEDENT CAUSES (B) DUE TO	second - 11 ffeet and 120				
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C)UNDERLYING CONDITION last.					
	II					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
AL CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street, or etc.)	in or obout 2VC. WHERE DID (If in Boltimore City, give exoct location) office bldg INJURY OCCUR?				
EDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
×	OF INJURY (APPROX.) While At Not Whi Work At Work					
		10 V. 17 19 66 to NOV- 18 19 66,				
		ond that in (my) (our opinion death occurred on the date				
	ond hour and from the couses stated obove. (1) (We) (did) (did not)					
	23A. SIGNATURE	tending Med. Stoff Phys. S Nov. 18. 1966				
	23C. PHYSICIAN'S	rending Med. Stoff Phys. Nov. 18. 1966				
	DANG SUP CHA M.D.	BON SECOURS HOSPITAL				
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR REMOVAL (Specify) 11/22/66 Arbutus Memori	REMATORY 24D. LOCATION (City, town, or county) (State)				
	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	DOCC SUMERAL DIRECTOR				
1	NOV 27 1966 P. O. B.S. Farluna -	Herbert E. Nutter -3035 W. Noth Ave				
VS	150-REV. 1/1/6S	3' 1 0 3 7				

Obeng bup the Bin Secure Hospital

		BALTIMORE CITY	Y HEALTH DEPARTMENT		
	H NO. 66 11625	CERTIFICA	ATE OF DEATH	Registered No	66 11623
I. N	AME OF DECEASED	7		D HOUR OF DEATH	
	MARY.	Small wood	11-1	8-1966	18:30 P.
. Р	LACE OF DEATH IN SALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (What	e daceasad lived, If instit	tution: residence befara odmission
E	ULL NAME OF (If not in hospital o	r institution, give straat	MARY LAN	d	14-03
H	OSPITAL OR addrass or location)	1	C CITY OF TOWN (If out	sida city limits, write RUI	RAL and give township)
	George Washing	Tow Nursing Home	BAL timore		
1		/	D. STREET ADDRESS	rural, give location)	
-	10		2306 DIVI	510n St.	
. 5	EX 6. RACE	WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthde)	If Under 1 Yr. , If Undar 24 Hrs Aonths: Days Hours Min,
5	emple Negro	Widowed	aug. 7,1870	96	
	USUAL OCCUPATION Give kind of wark during mast all working life, even if retired)	OB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
IRI	Cook	Pvt. Family	unknown		U.SA
. 1	FATHER'S NAME	IV V . Family	14. MOTHER'S MAIDEN NAM	ME	V1. 2 FT
	/				
	Joseph Sutton		Mariah Har	r i 's	
0. 1	Nos Deceased Ever in U.S. Armed Forc ,no or unknown) (III yes, giva war ar dates	of service) 1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Chart # 66	5, 60	7 Penna AUE.
1	18.££ 2.2	CAUSE C	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRE	CTLY	1 N	1-50-1	ONSET AND DEATH
	LEADING TO DEATH	(A) Cere	Must asulle	Welteles	
	(This does not maan tha mode of heart failure, asthenia, etc. It maans		0 0 15	0 10	
	injury or complication which caused		and and look la	Upast . Wagon	00
	ANTECEDENT CAUSES	(B) JULE TO	wall zea acri v	react racoun	
	DISEASES OR CONDITIONS, if a	51. //	To a min	to clo Ala	AVA.
	rise to the above couse (A) UNDERLYING CONDITION lest.	stating the	agnose Que face	egel receiv	YUW)
	ONDERETING CONDITION ISS.	I NO	aywaxyon	<i>//·</i>	
	OTHER SIGNIFICANT CONDITIONS CO	MIDDUTING		/	
2	TO THE DEATH BUT NOT RELAT	TED TO THE			
U	DISEASE OR CONDITION CAUSING IT	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar No) 20B. IF YES. WERE FIN	IDINGS CONSIDERED
KIIL	WAS PERF			IN CERTIFYING CAUS	
3	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
A.	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, lorm, factory, street, etc.)	office bldg., INJURY OCCUR?		
1			215 11211	Uny o cours	
N F	21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E, INJURY OCCURRED While At Not Whi	21F. HOW DID INJ	URY OCCUR?	
	(APPROX.)	Work At Work			. 0/
	22. I certify that (I) (this haspital)	attended the deceased fram	Jan 1	196/ 10 //-	18 1966
	that (I) (we) last saw the deceased	dalive an 170			on death occurred an the da
	and have and from the causes state				
	23A. SIGNATURE	100 000 (1) (100) (010) (010)	view file body effet deaths	2	3B, DATE SIGNED
		M.D. At	tending X Med.	Staff	11 10.66
	M. L. Weaver	Ph	7	Phys.	11-18-06
	23C.PHYSICIAN'S NAME (Type)	(1 -	23D. ADDRESS	17/0	10
	111, 7	Ween M.D.	1944 Dr	ma Nel	e an.
4 A	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CE	REMATORY 24D. Le	OCATION (City,	lown, or county) (State)
	Burial 11/22/66	Mount Auburn Cen	metery Bal	timore Maryl	and
5 A		25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	NOV 21 1966 R.A	2. S. E. Stoffer M. B.	Herbert E. Nu	tter-3035 W.	
75	150-REV. 1/1/65	4 6 6 10 0	3 1 6 4 0		
- 3	190-16 V: 1/ 1/ 09				



66 11626	BALTIMORE CITY	HEALTH DEPARTMENT	~/	66 11626
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	00 11.000
M.E. CASE NO.	- 1	2. DATE AN	D HOUR OF DEATH	
(Type or Print) Bossio May 1	Stein	Now	. 14. 1960	5 10:00 P. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe		tution: residence before admission)
First MANAGE OF Miles in baseled & institution	and the state of	Mal	• • •	Belt. Ca.
FULL NAME OF (If not in hospital or institution, HOSPITAL OR address or location)	give street	C. CITY OR TOWN, (If ou	tside city limits, write RU	RAL and give township)
INSTITUTION	.1 .//	Baltimo	10	53-00
Ulnion Memorial t	10501101	D. STREET ADDRESS (III	rurol give location)	
Willow Memorial	,00	2101 Cak	land Qu	/e,
5. SEX 6. RACE 7. MARRIED	D, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
Female Courasian Wa	ED, DIVORCED (specify)	11/2/192	lost birthdoy)	violinis Doys Hours Milli,
10A. USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF
done during most of working life, even if retired)	1.	Paris		WHAT COUNTRY?
13. FATHER'S NAME	omoking	14. MOTHERS MAIDEN NA	AAF	U Srl 1
10/1-	-6-6			
VIISON K. NYE	SUCA	T 1 /	wk	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	11/11	ADDRESS
No	1693-31/12	Gordon	W. 5/c.	in same
18. / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		0 1	0 1	ONSET AND DEATH
LEADING TO DEATH	(A)	myocardial	Dentaltin	<u> </u>
(This does not mean the mode of dying, e.g	J., DUE TO		V	
injury ar camplication which coused deoth.)	(Acherrais P	artial lun	.10
ANTECEDENT CAUSES	DUE TO	LICIOIND I	arila, car	7
DISEASES OR CONDITIONS, if ony, giving				V
rise to the above cause (A) stating the	e (C)			10.17.17
				Alk Bun
OTHER SIGNIFICANT CONDITIONS CONTRIBUTII	NG			- 5
TO THE DEATH BUT NOT RELATED TO T	'HE			
	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	O) 208. IF YES, WERE FILL	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		YES		
U 21 A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
	(c.)			
O 21 D. TIME (Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21 F. HOW DID IN.	JURY OCCUR?	
	Vhile At Not While At Work			
			19 66 10 11/	1111 10/1
22. I certify that (+) (this haspital) attended	1 /1.1	1 .		14 1966
that (I) (week, last saw the deceased alive an	/ ~			an death accurred an the date
and haur and fram the causes stated above.	(1) (We) (did) (did not) v	riew the bady after death.		
23A. SIGNATURE	1			23B. DATE STONED
Mat E. Walson, I	M.D. Atte	s. Med. Director	Stoff Phy s.	11/14/66
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	,	
NAT E. WAT	SON, JR., M.D.	THE UNION ME	MORIAL HOSE	PITAL
24A. BURIAL CREMATION, 24B. DATE 24C.1	NAME of CEMETERY OF CR			, town, or county) (State)
REMOVAL (Specify)	40de 11	10 Houch 1.	11:011.	Ra
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	nighton	ADDRESS /
NOT OF TOCK AND	GR. C. I DOM	R A INCIA IT	11/1/	140 DORESS
MAN ST 1300 (CA)	DO G' MAYSOLM	1 Myselph /	101 Home	11/50
V\$ 150-REV, 1/1/65				



M	-	6	3
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	a hospi cause o	se; (5) D indance	to deat
	rred in buting	ned cau: lar atte	prior
	th occu	determining in regu	eceased on is mo
-	irect or	; (4) Und h was	n the d
ORTA	assista if the	iny kind ed deat	dance o
: IMP	er or his r. Also,	tore of a	ir atten
FUNERAL DIRECTOR: IMPORTANT	examine	My A frac	are emb
AL DIR	medical edical	burns; (; hysician	n was in
UNER	e chief r by a m	2) Body e the p	ohysicia ore the
-	ed by th	ature; ()	(6) No ned bef
	approv to the	of any n	h); and be obta
	must be	ccident a	to deat
	rtificate ly was r	(1) An a	deceased prior to death); and (6) No physician was in regular attendance on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made.
	This cer	shows:	deceas

-	66 11627 BA	ALTIMORE CITY	HEALTH DEPARTMENT		00
	TH NO. 66-25169 C	ERTIFICA	TE OF DEATH	Registered No	66 11627
1. N	AME OF DECEASED MYERS, BABY BOY		2. DATE AN	B-66	2:50 AM M.
	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	e deceosed lived. If ins TY	stitution: residence before admission)
1	FULL NAME OF (If not in hospital or institution, give stree HOSPITAL OR oddress or location) NSTITUTION ON THE CONTROL OF THE OF	ı	C. CITY OR TOWN (If out	side city limits, write R	CURAL ond give township)
1	ST. AGNES HOSPITAL		D. STREET ADDRESS (IF	rurol, give location)	33-00
5, 5	SEX 16. RACE 17. MARRIED, NEVER I	MARRIED	12-A MERRILI	RD 9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
1	MALE CAUSCIAN WIDOWED, DIVOR	CED (specify)	11-17-66	last birthdoy)	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINES of during most of working life, even if refired)	SS OR INDUSTRY	MARYLAND	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
	GEORGE		NANCY HODGE	S	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or doles of service)	IAL URITY NO.	ST. AGNES REC	CORDS;WILK	ENS &CATON AVES
	DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH	111+	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	Dreumon.	inhold on	~
	injury or complication which coused death.) ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.	(C) (C)	egues Sestion		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ERTIFIC/	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH C	PERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE home, form, etc.)	OF INJURY (e.g., in factory, street, o	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OF INJURY While At	OCCURRED Not While	21F. HOW DID INJ	URY OCCUR?	
	Work L	At Work	0145455		
	22. I certify that (his hospital) attended the dece	used tram		966 10 NOVE	
	ond hour and from the coupes stated above. (* (We) (at in (mgs) (our) aptr	nion death occurred on the date
	23A. SIGNATURE				23B, DATE SIGNED
	Drews.	Phy		Staff Phys.	18 Nal 66.
	H. BRENNER	M.D.	ST. AGNES H	•	1100
24/	BURIAL CREMATION, 24B. DATE 24C. NAME of C	CEMETERY of CR	EMATORY 24D. LO	OCATION (Cit	ly, town, or county 29 (Stote)
25	DATE POTO BY REALTH GEPT. 238. NAME OF REGIS	West of	25C. FUNERAL DIRECTOR	AND, VI	RGINIA ADDRESS VEREAL DUCK
VS	150-REV. 1/1/65	0 0	Z.P. SIACI	ABB SU	21228

m | m | m , THE LET . YE 4.1 ** = 1 = 1 | 1 | TO BE A PROPERTY OF THE PARTY O . . .

44000	BALTIMORE CITY	HEALTH
11628	CERTIFICA	TE O

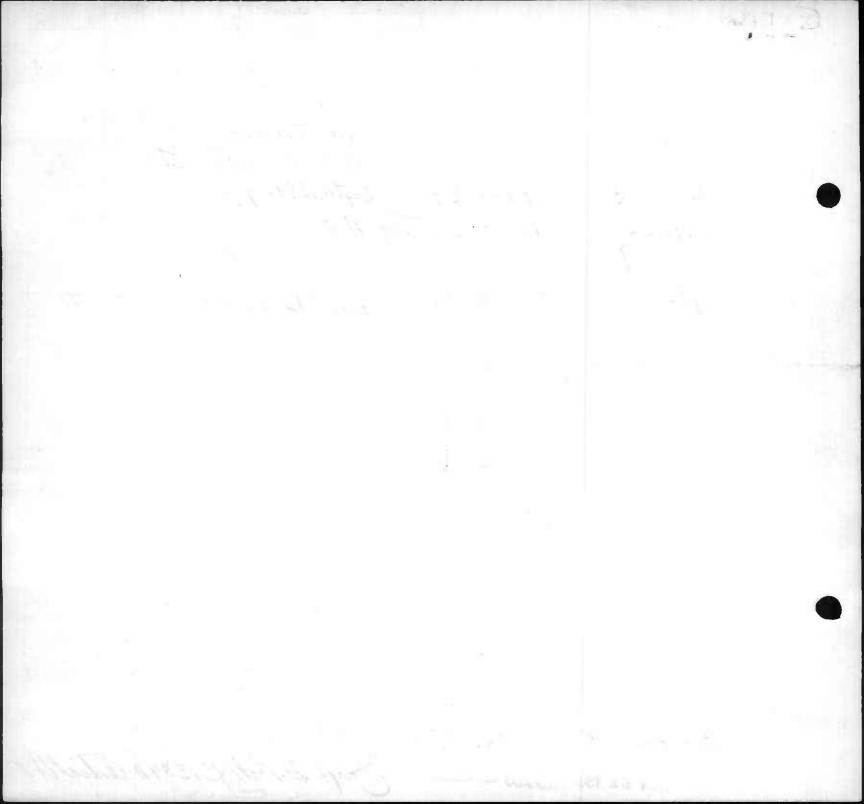
DEPARTMENT

11628

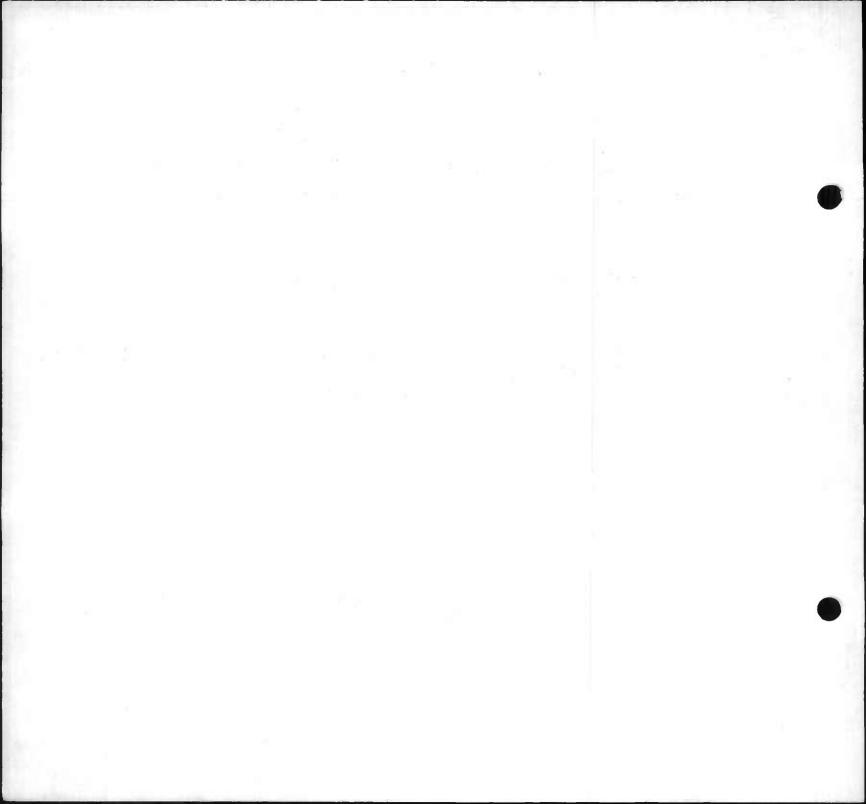
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	00 11.020
M.E. CASE NO. 1, NAME OF DECEASED	4.1	2 DATE ANI	D HOUR OF DEATH	
	hamplin		mber 18, 196	6 10:50 AN
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			deceased lived. If instit	ution: lesidence before odmission)
FULL NAME OF (If not in hospital or institution, g HOSPITAL OR address or location)	give street	C. CITY OR TOWN (If outs	side city limits, write RUR	(A) onit give township)
INSTITUTION PREPERTY LAS	PITAL	BALTIMO	-5	0.02
37	11190	D. STREET ADDRESS (If	yrol, give locotion)	
S. SEX 6. RACE 7. MARRIED,	NEVER MARRIED		MOI CI	I Under 1 Yr If Under 24 Hrs.
M. C. MAKI	RIP (specily)	Sept 11.1891	75	Aonths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	1- 11	11, BIRTHPLACE (State or loreig	gn country)	2. CITIZEN OF WHAT COUNTRY?
LADOFER AMERICA	N 2MELling	N.C.		
3. FATHER'S NAME 7	,	14. MOTHER'S MAIDEN NAM	AE ?	
F W - D I S A I F - 2	11 (= 0	17 11 200 11 11 1		400000
5. Was Deceased Ever in U. S. Armed Forces? Yes, no of unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT	N 1101 Wes	ADDRESS ADDRESS
100			NIO WE	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	F DEATH ,		ONSET AND DEATH
LEADING TO DEATH	Z Z A	Pulmonay . en	bolism	5 minutes
(This does not mean the made of dying, e.g.Ω heart failure, asthenio, etc. It means the discose,	DUE TO	1		
injury or complication which coused death.)	2/12/3	Fracture, rig	At his	11 days
DISEASES OR CONDITIONS, if ony, giving	DUE TO			
rise to the abave couse (A) stating the	3 (c)			
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ASCV	Ď		at least 11 day
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS INDERLYING 121B.		20 A. AUTOPSY? (Yes of No)	20B. IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF hom	PLACE OF INJURY le.g., in e, form, foctory, street, of	or obout 21C. WHERE DID ifice bldg., INJURY., OCCUR?		ity, give exact location!
V OF INJURY // - 6 - 6 6 PM Whi		1	JRY OCCUR?	shile cross
6,45 Wor		Marie 1 Bree	4.	1.10 4
22. I certify that #7 (this hospital) attended the that ## (we) last saw the deceased alive an		19 66 and the	9 00 ta /LBM	on death occurred on the dat
and hour and fram the couses stated above.			or in umy) (dur) opinio	on death occurred on the dat
23A. SIGNATURE	V () (ala) (510 hol) V	iew like body offer deoffi.	123	B. DATE SIGNED
Ufinglang &	M.D. Atte	ending Med. S. Director		November 18, 1966
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS		· ·
	M.D.			
24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specily)	ME of CEMETERY OF CRE	MATORY 6 24D. LC	CATION (City,	town, or county) (Stote)

25A. DATE

25C. FUNERAL DIRECTOR 1304h

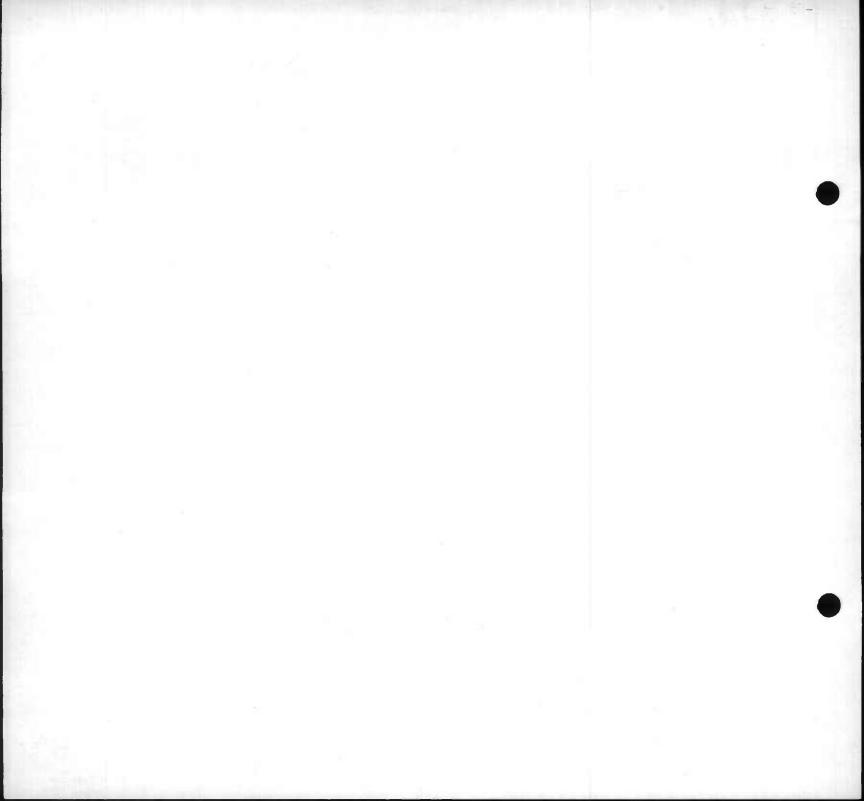


6	16-151MCR 11COO	MORE CITY HEALTH		Registered No.	66 11629
	M.E. CASE NO. 1. NAME OF DECEASED	TIFICATE O		D HOUR OF DEATH	
	(Type or Post)	(of Annie)		11/17/66	12:10 RA
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		L RESIDENCE (Where	e deceosed lived. If ins	titution: residence befare admission)
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	81	Marvland		URAL ond give township)
	33		Baltimore et Address (If r		15-08-
6	The Johns Hopkins Hospital			gton Avenu	
is mad	5. SEX 6. RACE 7. MARRIED, NEVER MAR WIDOWED, DIVORCED New Born	(specify)	/16/66	2. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Min. 20 55
	IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS Odone during most of working life, even if retired)	R INDUSTRY 11. BIRTH	IPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
osi	13. FATHER'S NAME	14. MOT	HER'S MAIDEN NAM	AE	
isp	Edward Diggs		Annie		
final disposition	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give wor or dotes of service)	17. INFOR			ADDRESS
or f	18. 7 7 3 51	CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
E		(A) Hyacine	Membrane	Disease	(at birth)
embalm	heort foilure, asthenio, etc. II meons the diseose, injury or complication which caused death.)				
	ANTECEDENT CAUSES	B Prematu	rity		
are	DISEASES OR CONDITIONS, if ony, giving				
	rise to the abave cause (A) stoting the (UNDERLYING CONDITION lost.	(C)			
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
the	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	ATION 20A	UTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
- Le	W	NJURY(e.g., in or obout	21C. WHERE DID	(If in Boltimore	City, give exact location)
before	OR CONTRIBUTING CAUSE OF CETC.)	ory, street, office bldg.,	INJURY OCCUR?		en,, give exact tocolor.
ained	D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCK	CURRED Not While	21F. HOW DID INJU	JRY OCCUR?	
air	(APPROX.) While At Work	At Work			
obt	22. I certify that (I) (this hospital) attended the deceased		C C	9 66 to 11/	
pe				ot in (my) (our) opin	ion death occurred on the date
must	ond hour ond from the couses stoted obove. (1) (We) (did)	(dld not) view the	body ofter death.		23B. DATE SIGNED
	alles H Veins	M.D. Attending Phys.	Med. Director	Stoff Phys.	11/12/16
approval	23C. PHYSICIAN'S NAME (Type)	23 D. ADD		94	1/11/65
ppr	ALLEN H. NEIMS	м.в. 3	OHNS HO	PKINS H	OSPITAL
	REMOVAL (Specify)	ETERY OF CREMATORY			r, town, or county) (State)
written	- 10 1011/ 010	PKINS HO		HTIMORE	
W	NOV 2 1 1966	Prey MAR -7	MODTU	MPV CEDU	ADDRESS RCHB
1	VS 150-REV. 1/1/65			RAUL SURA	TALL PROPERTY



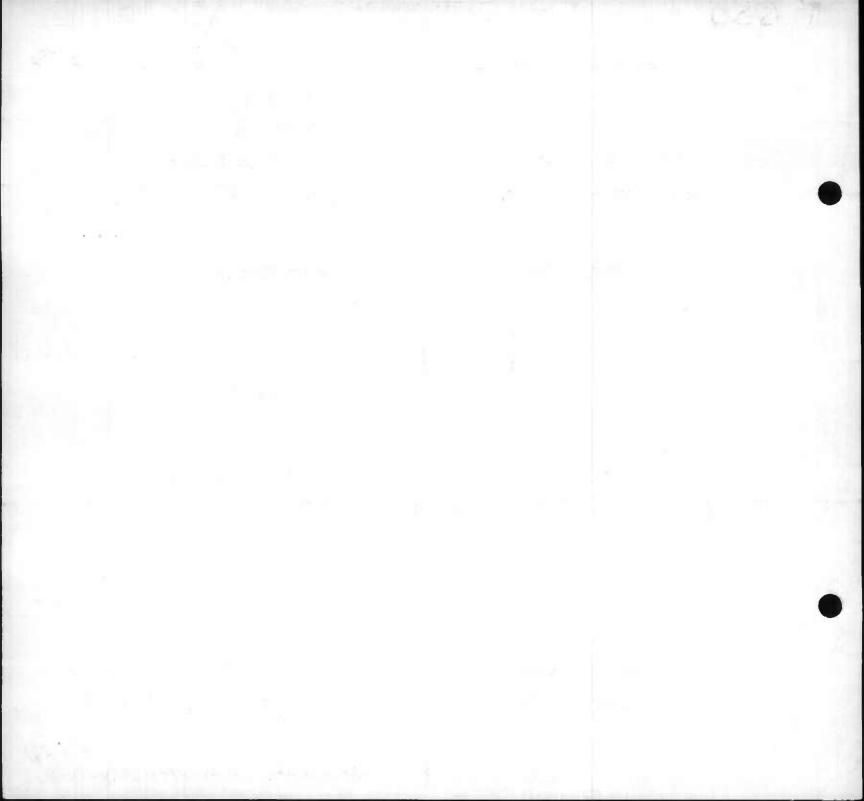
48-09-05 JJ

MTH 2 66 23 11630		TE OF DEATH Registered No	66 11630
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) CRAYES	BABY BOY	2. DATE AND HOUR OF DEATH	6 3:45 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLA FULL NAME OF (If not in hospitol or in: HOSPITAL OR oddress or location)	AND	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits, write R	stilution: residence before odmission
BALTIMOVE C. +	Hospitals	Baltimore D. STREET ADDRESS (If rurol, give location)	302
5. SEX 6. RACE 7. A	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
James Grav	185	14. MOTHERS MAIDEN NAME TENNIFEN COUS	tant
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of	Service) 16. SOCIAL SECURITY NO.	17. INFORMANT RECORDS: + aBCH 4540 EASTE	ADDRESS RN AVE. #21224
DISEASE OR CONDITION DIRECT	CAUSE O	andiac arrest	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dyin heart failure, asthenia, etc. It means the injury or complication which coused dea	diseose.	spiratory insufficie	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stot UNDERLYING CONDITION tast.		rematurity	20ly 481
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	M3MA AHEM		20 lm.
MO ME WAS PERFORM	None	YES IN CERTIFYING CAL	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	In or about 21.C. WHERE DID Iffice bldg, INJURY OCCUR?	City, give exact locotion)
21D. TIME (Month) (Doy) (Year) (H. OF INJURY (APPROX.)	While At Nort Whi		
22. I certify that (1) this hospital) at that (1) we) last saw the deceased all and hour and from the causes stated a	live on NOY. 11	19 6 a and that in my) (aur) api	,
23A. SIGNATURE		ending Med. Stoff Phys. Phys.	23B. DATE SIGNED NO V. 11, 196
23C. PHYSICIAN'S NAME (Type) DR. ALBERT DERIVAN 24A. BURIAL CREMATION, 24B. DATE	M.D.	23D. ADDRESS 4940 EASTERN AVENUE #21224 EMATORY 24D. LOCATION C	ly, town, or county) (State)
REMOVAL (Specify)		70.214	Maryland 21224
MOV 21 1966 (1)	2 Ch & Fig. Objection	7 MORTHERY SERVE	CE RCHD



BALTIMO	ORE CITY HEALTH DEPARTMENT
BIRTH NO. 66 11631 CERT	IFICATE OF DEATH Registered No. 66 11631
M.E. CASE NO.	2, DATE AND HOUR OF DEATH
(Type or Print) BLANCHE THOMAS	40
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	A. STATE B. COUNTY
FULL NAME OF (If nat in haspitol at institution, give street HOSPITAL OR oddress or location)	Maryland Bull. Co.
INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
2 3	Baltimore D. STREET ADDRESS (If turol, give focation)
The Johns Hopkins Hospital	
	124 Raspe Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED (s)	D B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. Months; Days Haurs Min.
Female White Widowed 10A. USUAL OCCUPATION (Give kind of wark 10B. KIND OF BUSINESS OR I	8/15/96 70
10A, USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR I done during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Housewife	Perryville, Maryland U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME

Henry Price 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Laura Howard 17. INFORMANT ADDRESS
(Yes, no or unknawn) (If yes, give wor or dotes of service) SECURITY N	
No 212-32-	-1339 Mrs Evelyn Wilson 124 Raspe Avenue #6
18. 4 < 1 × 1	CAUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	Arterioselerosis est 2 yrs
(This does not mean the made of dying, e.g., DU heart failure, asthenia, etc. It means the disease,	ETO
injury ar camplication which caused death.)	an touis a language
ANTECEDENT CAUSES (B)	E TO
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C)	
UNDERLYING CONDITION last,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING POST-CONTRIBUTING POST-C	112 Complications - renal
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING POST - UTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	viritory and cardiac failure
DISEASE OR CONDITION CAUSING IT. 1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	Tradity better cargine turifer
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
7 100 14 1966 HNEYFYSM ABBUMINES 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY	URY (e.g., in a about 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF hame, form, foctory,	street, office bldg., INJURY OCCUR?
<u>o</u>	
21D. TIME (Month) (Doy) (Yeo) (Hour) 21E, INJURY OCCU	
(APPROX) While At	Nor While At Work
22. I certify that (I) (this hospital) attended the deceosed fi	
11 1	
that (I) (we) last saw the deceased alive an	19 (C+ and that in(my) (aur) apinion death accurred an the date
and have and from the causes stated abave. (1) (We) (did) (d	
23A. SIGNATURE	23B, DATE SIGNED
L.C. Parks	M.D. Attending Med. Stoff Phys. 11-17-66
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	M.D. Tohne Harking lleen Belt Md
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE	JOHNS FIEDRINS HOSE LELT, 114.
REMOVAL (Specify)	Acity, lowin, or country
Burial 11-21-1966 Rosebank	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 21 1966 M. M. B.E. Hall	EMAN Star Shrewood Home 7461 B. Dun Road
VS 150-REV. 1/1/65	The state of the s



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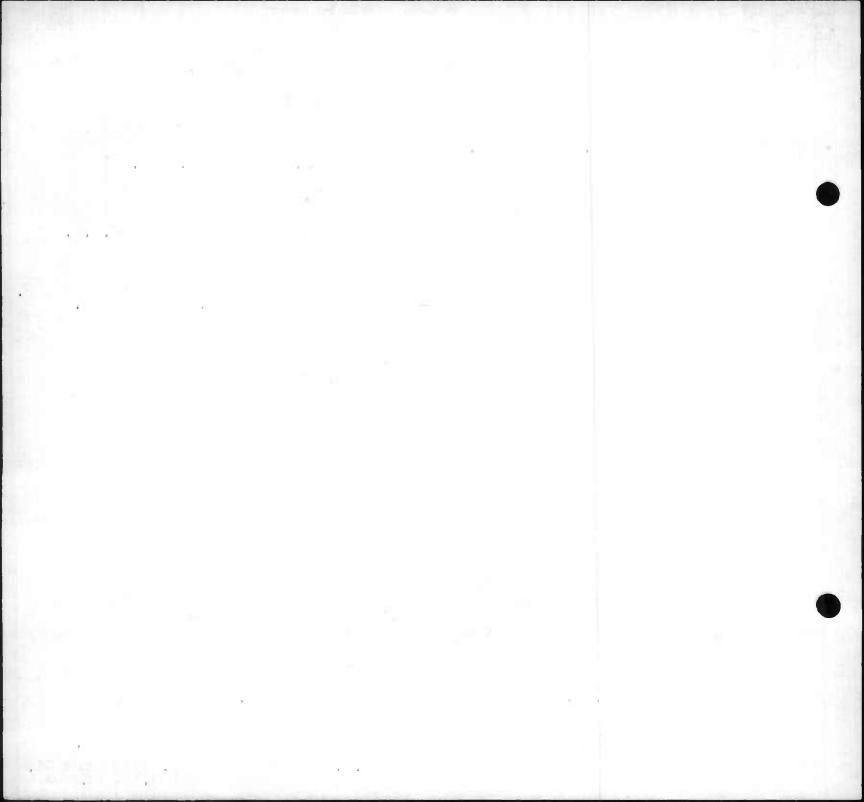
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00	mile.	4.	UUL

BIRTH NO.	00 1163	2	CERTIFICA	TE OF D	EATH	Registered No.		THOS
M.E. CASE NO.	CEASED					D HOUR OF DEATH	1	
Type or Print)	ARGALET	ELLIO	77		1/	- 19-66	9:10	RM
3. PLACE OF DE	ATH IN BALTIMORE, MA			4. USUAL RES	B. COUN	e deceased lived. If	institution; residence before	odm/sion)
FULL NAME	OF (If not in haspital	ar institution, a	ive street					
HOSPITAL OR	address or location	n)	HOSPITAL				RURAL and give township)	1
			11007/11/1-		TIMORE		6-05	
35	BALTIMORE	, 49-		D. STREET AD		rural, give lacation)		
				+		DADWAY		
S. SEX	6. RACE	SIAC			1884		If Under 1 Yr. II Und Manths Days Haurs	ler 24 Hrs. Min.
	CUPATION (Give kind of warl f working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
1	se	NURS	ING	NOR	EOLK.	the.	OSA	
3. FATHER'S NA	ME			14. MOTHER'S	MAIDEN NAM	ΛE		
WAR	CEN ELL	1077		MARC	ARET	- BLOW	/	
5. Was Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMAN		/	ADDRESS	S
No	(If yes, give war ar date	s of service/	SECURITY NO.	mas a	00000		10222 41.01	
18.	2 / 1		CAUSE C	OF DEATH	NOUND	WILSON	1 3333 N.C.F	WEEN
DISEA	SE OR CONDITION DI	RECTLY					ONSET AND D	EATH
	LEADING TO DEATH		(A) K	Lyocarde	ol to	si luce	36 hes	
	not mean the made of , asthenia, etc. It means		DUE TO	•				
	mplication which caused			1. /.	ahvas	· ·	(100	
	ANTECEDENT CAUSES		(B) DUE TO	respec	3 12.20	/ 3	years	
	OR CONDITIONS, if		4	Infic krioscler	and the	00%	years	
	he above couse (A)	slaling the	(C) / 0-1	5000	25/1	7-4.	92003	
-	II II			-				
TO THE	NIFICANT CONDITIONS CODEATH BUT NOT RELATED CONDITION CAUSING	ATED TO THE						
	F OPERATION 198. CON		VHICH OPERATION	20A. AUTOR	SY? (Yes ar Na		E FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIE	ENT WAS UNDERLYING DUTING CAUSE OF y medical examiner)	ham	PLACE OF INJURY (e.g., e, farm, factory, street, c	in or about 21C, \ office bldg., INJU	WHERE DID RY OCCUR?	(If in Baltimo	are City, give exact location	1)
21 D. TIME	(Manth) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED	21 F. H	IOW DID INJ	URY OCCUR?		
OF INJURY			le At Not Whi	le	-			
		Wor				966 to	11-19	966
	y that (I) (this haspita				1			
) lost saw the decease			*		ot in (my) (our) or	pinian death accurred o	n the dot
	nd from the couses sto	ted obove. (I	(We) (did) (did not)	view the body	ofter deoth.			
23A, SIGNAT			M.D. Att	ending (Med.	Stoff -	238. DATE SIGNED	
	1 Cellanano		Phy	y 5.	Director	Phy s.	11-19-66	
23C. PHYSICI NAME	ANS (Type)			23D. ADDRESS	CHURCI	4 Hore E	+ HOSPITAL	
	. MARIANO		M.D.		BALTIM	att. Me	7.	
4A. BURIAL CR	EMATION, 248. DATE (Specify)	24C. NA	ME of CEMETERY OF CR	EMATORY	24D. LC	CATION	City, tawn, ar county)	(State)
Burial	11/22/	66 St	.Thomas !Chu	ırch	Gar	rison For	est.	Md.
SA. DATE REC'	D BY HEALTH DEPT.	258. NAME O		25C, FUNE	AL DIRECTOR		ADDRESS	
	0 4 4000	1 9 pla	2 00 P HIZ -	H.W.JO	nkins	& Sons Co	4905 York	Road
/S 150-REV. 1	BA X J. 19pp C	100000	· · · · · · · · · · · · · · · · · · ·		+ +	Dall	111010 12, 111	al-g
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STATE STATE STATE The part of the second of the second of the second 1942 1 400 1965 1969 White Hills in the Act 10. 1979 5.20 STAGE line sour he Jac 2011/ AMERICAN STREET 14400 BEE 1051 Myscades/ For bur Auster sparse Submire Statement . Jan 21 11 11-19 66 1 Ollianano 12-17-6 CHANGE W MOVED IN MICHAEL IN MICHAEL IN THE PARTY NAMED IN THE PARTY N BOLFINGER ALG. IC HARIANO

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	by a medical examiner. Also, if the direct or contributing cause of death of Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased to the physician who pronounced death was in regular attendance on the physician attendance on the physician attendance on the physician was in regular attendance on the physician attend
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FUNERAL DIRECTOR: IMPORTANT	Bod Bod the rsic
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		ITY HEALTH DEPARTMENT
-2 50	BIRTH NO. 66 11633 CERTIFIC	ATE OF DEATH Registered No. 66 11633
and sed the	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
of deat Of deat Decease e on th	(Type or Print) Mary Burns Owens	November 19, 1966 5-6 Pm M
Dec ath.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
0 0 C = 0	FULL NAME OF (If not in hospital or institution, give street	Maryland
caus se; (senda to d	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	3706 N. Charles St.	Baltimore D. STREET ADDRESS (If rurol, give location)
D.E 0 0.E .	O O JOO N. Chartes St.	3706 N Charles St Ant 02
- 2 0 B B	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
ntrib rmin egul ased s ma	F W Divorced	June 7, 1901 65 Months Doys Hours Min.
cea n is	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	
or condet	None	Maryland U.S.A.
if de ect (4) Un was the posi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
N S	Francis Highlands Burns	Mary Slingluff
nd; nd; nd; al di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown)(If yes, give wor of dotes of service) 3 ECURITY NO.	17. INFORMANT Belvedere Ave.
the the kin de nce fina	No 215-07-805	8A Miss Elizabeth L. Burns, 324 E.
dedy if a	18. 4 4 3 X I CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
G = 100	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	ecte Congester facture 200 Moses and DEATH
PASEE	(This does not meon the mode of dying, e.g., DUE-TO	upsel seguidio washing
ctur ctur pro	heart foilure, asthenio, etc. It means the disease, injury or complication which caused death.)	Iperleusion "
fra fra	ANTECEDENT CAUSES (B)	<i>IJ</i>
Kan Kan Wh Wh	DISEASES OR CONDITIONS, if any, giving	
(3)	rise to the above couse (A) stating the '(C)	
dical rns; sicio was	_ 11	
ed ed bur hys n v	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
dy dy icia	DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
by a 2) Bod re the physic fore th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF	g, in ar about 21C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR?
ita ita No No	DEATH (notify medical examiner)	
hospite nature; ept wh d (6) Nained b	21D. TIME (Month! (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not V	21F. HOW DID INJURY OCCUR?
y na y na kcep nd ((APPROX.) Work AI W	
2 5 X 2 4	22. I certify that (I) (this hospital) attended the deceased from	Det 1943 10 Det 19 1966
= 0 - 0	that (I) (we) last saw the deceased alive on	ond that in (my) (***) apinion death occurred an the date
ased to dent of ospital death) must b	and hour and fram the causes stated above. (1) (We) (did) (did not	·
D D D D D D D D D D D D D D D D D D D		23B. DATE SIGNED Attending Med. Staff
a h		Phys. Director Phys. 23D. ADDRESS
was r was r A. at a prior	V. H. Woody	71103 Ponte Arra
E SO B B	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION (City, town, or county) (State)
This cert the body shows: (I was D.O decease	Burial 11/22/66 Greenmount	Baltimore Md.
This the show was decompleted	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	H.W. Jenkins & Sons Co. 4905 York Rd.
-+4>0>	VS 150-REV, 1/1/65	3 1 6 1 Balto 12, Md.



the chief medical examiner

or his assistant if death

the direct or contributing cause of death: kind; (4) Undetermined cause; (5) Deceased

Suci

0

prior

in regular deceased

Was the

(3) A fracture of any

examiner. who are

the body was released to the hospital by a medical

This certificate must be approved by

shows: (1) An accident of any nature; (2) Body burns;

pronounced

the physician

(except where

at a hospital death)

was D.O.A.

deceased prior to deat written approval must

(6) No physician was

the remains

before

obtained

U O death

embalmed or final attendance

regular

disposition is made

attendance on th death.

		CITY HEALTH DEPARTMENT		
BIRTH NO.	1634 CERTIE	ICATE OF DEATH	Registered No	66 11634
M.E. CASE NO.	CLNIII	ICAIL OI DLAIII		00 11.001
1. NAME OF DECEASED	1	2. DATE A	ND HOUR OF DEATH	
ATWOOD Whe	celen Priest		19/66	3:30 AM "
CERTIFICATION OF THE PROPERTY	E AMENDED	A. STATE . B. COU	ere deceased lived. If institu NTY Baltion	
HOSPITAL OR oddress or loc	pitol or institution, give street cotion)	C. CITY OR TOWN (I) o	utside city limits, write RUR	
44			imore /	7-07
7	/ /	D. STREET ADDRESS (III	rurol, give location)	David Charach
Union Memo	svial Hospita	11 3105 A	to Charles	STREET
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If	Under 1 Yr. , 11 Under 24 Hrs.
M Caucasia	h Widowed Ispace	12/19/80	lost birthdoys M	onth's Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of	work 108, KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote or for	eign country) 1	2. CITIZEN OF
done during most of working life, even if reti		A 4		WHAT COUNTRY?
Retired	FARMING	Maine		450
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
MANFRED	PRIEST ONLON-	5680 Wakasa	ISAN FOL	VLES
15. Was Deceased Ever in U. S. Armed	d Forces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	600 STONE	BARONS ROAD
YES WWJ	_	Calvin	TW	eaver
18. 45/XI	CAL	JSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION	DIRECTLY	Character o	. 11	0 0

451XI	CAUSE OF DEATH	Г
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) aspiration menmoria, both	
This does not meon the mode of dying, e.g., eost foilure, osthenio, etc. It meons the diseose, njury or complication which coused death.)	DUE TO	
ANTECEDENT CAUSES	(B) (peritonin, etc.).	_

DISEASES OR CONDITIONS, if ony, giving 10 the obove couse (A) stoling the UNDERLYING CONDITION lost. П

CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED

208. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Bleck ntraabdominal UPSSP1 WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL

DEATH (notify medical examined) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour)

21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?

While At Not While (APPROX.) Work At Work

22. I certify that (In this hospital) attended the deceased from ond that in (my) your) opinion deoth occurred on the dote

ond hour and from the couses stated above. (1) We	(did) (did not) view the boo	dy ofter deoth.	
Prunte A. Clargen	M.D. Attending Phys.	Med. Stoff Phys.	238. DATE SIGNED

DR"CHARLES H CLASSEN

THE UNION MEMORIAL HOSPITAL

		M.D.		
4A. BURIAL CREMA REMOVAL (Spe	24C. NAME of C	CEMETERY OF CREMATORY	24D. LOCATION	(City, town, or county)

Burial 11/22/1966
25A. DATE REC'D BY HEALTH DEPT. 25B. NA.
NOV 21 1966 P. 26 Greenmount 258. NAME OF REGISTRAR

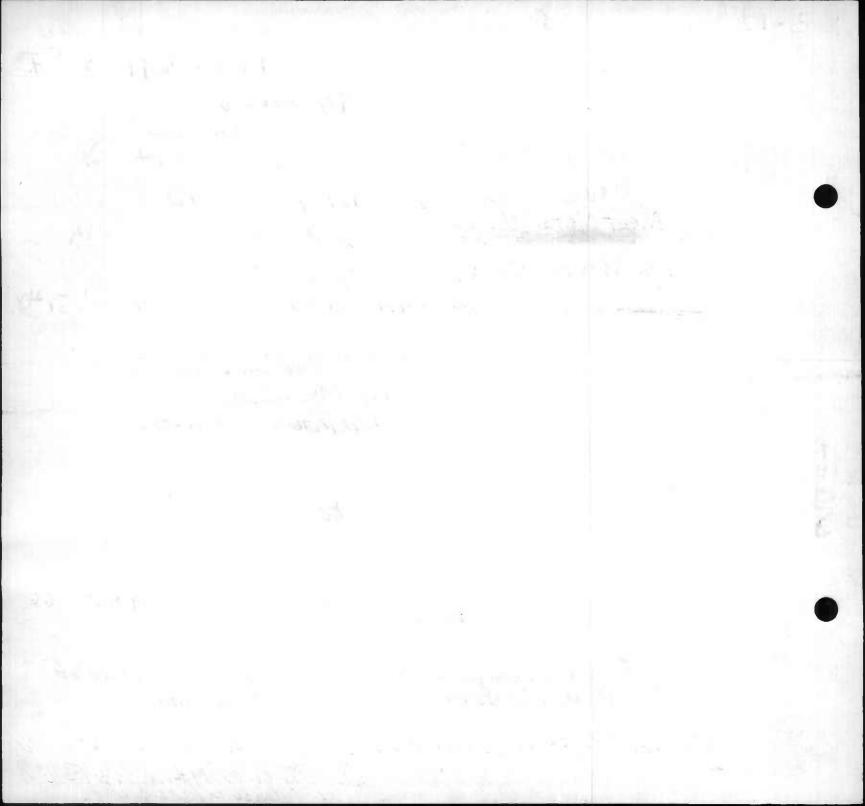
Baltimore 25C. FUNERAL DIRECTOR H.W. Jenkins & Sons

VS 150-REV. 1/1/65

Maryland

and

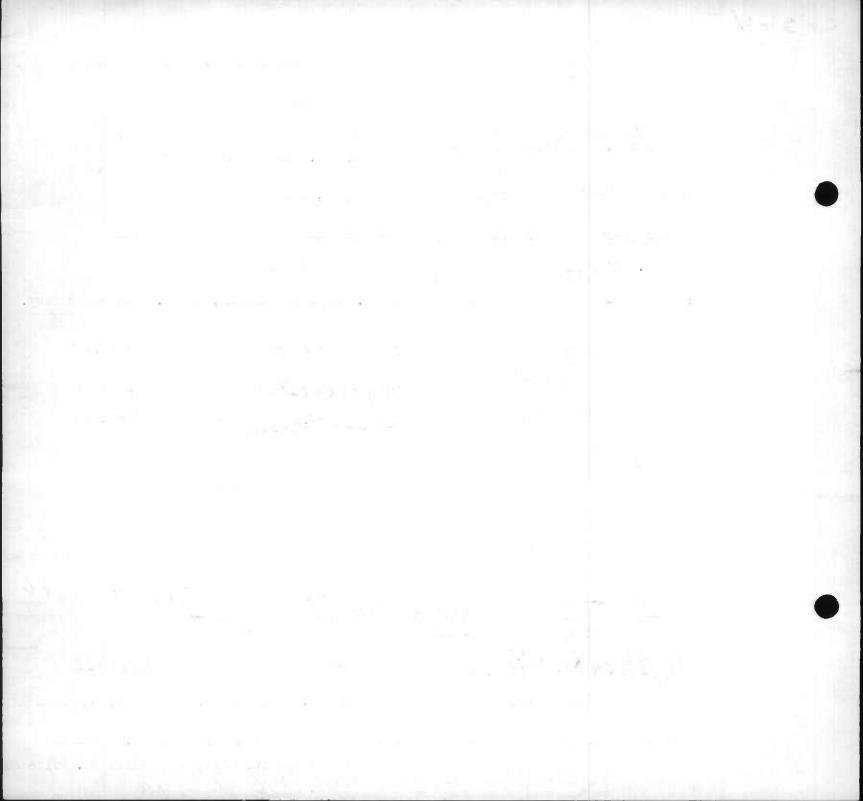
BALTIMORE CITY HEALTH DEPARTMENT (Beebe) Registered No. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I NAME OF DECEASED (Type or Print) 66 PSLIC 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY gutside city limits, write RURAL and give township LTIMOU D. STREET ADDRESS (If rurol, give If Under 24 Hrs. 9. AGE (In years If Under 1 Yr. B. DATE OF BIRTH Hours Months Doys tost birthdoy) foreign country) 12. CITIZEN OF WHAT COUNTRY? CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 66 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 23B, DATE SIGNED Med. Director 23D. ADDRESS (State) CEMETERY OF CREMATORY 24D. LOCATION 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF 25C. FUNERAL DIRECTOR



death) hospital the body was released shows: (1) An accident must prior to approval O to D.O.A. eceased Was

23A. SIGNATURE 23B, DATE SIGNED Med. Director Attending 7 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type Wetherbee Fort 1118 St. Paul Street. Baltimore, Maryland M.D. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial 19 Nov 66 Woodlawn Cemetery Woodlawn, Balto Co. Maryland 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Burged

Falls/Rd. Balto Md



he body

shows:

written

REMOVAL (Specify)

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

11-22-66

Druid Ridge

25B. NAME OF REGISTRAR

emetery

25C. FUNERAL DIRECTOR

ADDRESS

conard Ja Ruck Inc Baltimore, Md.

BALTIMORE CITY HEALTH DEPARTMENT 66 11637 66 11637 Registered No. BIRTH NO. CERTIFICATE OF DEATH of death Deceased Such hospital and M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Estelle STOIL ПО 1966 death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: rosidence ance B. COUNTY (2) cause Maryland FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or lacation) (If outside city limits, write RUNAL canse; attend 0 prior contributing D. STREET ADDRESS Walker Hue (4) Undetermined made. regular 6. RACE 9. AGE (In years 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. deceased WIDOWED, DIVORCED Specify) lost birthdoy widowed 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition = done during most of working life, even if retired) U. SA Housewite SD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct Brauer (atherine Huebner death LO kind; 15. Was Deceased Ever in U. S. Armod Forces 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance - litle Bldg. NO Kosser any CAUSE OF DEATH INTERVAL BETWEEN pronounced 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not meon the mode of dying, e.g., embal heart failure, asthenia, etc. It means the disease, 9 injury or camplication which coused death.) regul ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving 3 rise to the above couse (A) stating the physician before the remains UNDERLYING CONDITION last. Mas medical CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician Lears DISEASE OR CONDITION CAUSING IT. (2) Body 198 CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATHS 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where (If in Bottimore City, give exact location) hospital °Z MEDICAL DEATH (notify medical examiner) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? OF INJURY (except Not While While At (APPROX.) At Work and Work duy 22. I certify that (I) (this haspital) attended the deceased from 1966 ond that in(my) (our) apinion death occurred on the date Nov. pe that (1) (we) lost saw the deceased alive on.... of death) hospital and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. was released must accident 23A. SIGNATURE 23 B. DATE SIGNED Sioff X Attending Phys. M.D. 0 approval Director 0 prior 23C. PHYSICIAN'S 23D. ADDRESS at NAME (Type) An was D.O.A. 24A. BURIAL CREMATION, eceased

The large S. moone Maryland General Hory-Tall 522 Laike Ave Do who ex 111/13 23 Potasyland Homsonston Henry Beren Hatharry Conchromanulus Accodent A transfert a Commenda To grand Dicketon Frellitin Mr Broke D. Lone 53/31/11 X

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the body was shows: (1) An o

shows: (1) A was D.O.A.

U O eath.

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attend 0

a hospital and of death Deceased

COUSE

NAME of CEMETERY OF CREMATOR (City, town, or county REMOVAL (Specily) Cedar Hill 25C. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. VS 150-REV. 1/1/65

HOSPITAL OR INSTITUTION 15/41 E. 29th State 15/41 E. 29th St	0	BALTIMORE CITY	HEALTH DEPARTME	ENT	00 11000		
		1163	9	CERTIFICA	TE OF DEA	TH Registered No	66 11639
1. N	AME OF DECEASED				2. D.	ATE AND HOUR OF DEATH	
(Тур	pe or Print)	SALLY :	LEE SM	ITH	I	Nov. 19, 1966	1 4.45 a.
3. P	PLACE OF DEATH IN BA	LTIMORE, MAR	LAND		4. USUAL RESIDENC	E (Where deceased lived. If insti	tution: residence before admission
H	HOSPITAL OR ode	lress or location)		ve street	Maryland c. city or town	(If outside city limits, write RU	RAL ond give township)
	154	1 E. 29	th St.		Baltimore D. STREET ADDRESS	(If rural, give location)	-0)
- (00					29th St.	
5. S	EX 6. RACE	7			8. DATE OF BIRTH		If Under 1 Yr. If Under 24 H.
fe	emale whit	e			Sept. 13, 1	L870 96	violins boys Hoors with.
	USUAL OCCUPATION	Give kind of work 1	OB. KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF
don		even il refired)			Dragonsvil	lle, Va.	USA
13.		0:1-			14. MOTHER'S MAID	EN NAME	
	Le	roy Glos	on			Lee Gibson	
15. Yes	Wos Deceased Ever in Us, no or unknown)!(If yes, a	. S. Armod Force	of service)	6. SOCIAL	17. INFORMANT		ADDRESS
					Miss Mattie	Smith 1541 E.	29th St.
	18. 11 1) 1	/ 1		CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CO	NOTION DIRE	CTLY	- /		- 0	ONSET AND DEATH
	LEADING	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH s does not mean the made of dying, e.g., rt failure, asthenia, etc. It means the disease, ry or complication which caused deeth.)		(A) arte	risecters!	Tic Cardin Vasce	da Dieser
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH is does nat moon the made of dying, e.g., and failure, asthenia, etc. It means the disease, buy or complication which caused deeth.)	DUE TO				
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH his does not mean the made of dying, e.g., part failure, asthenia, etc. It means the disease, jury or complication which caused deeth.) ANTECEDENT CAUSES (B) DUE T					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does nal mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused deeth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last.	(B)					
	DISEASES OR CONT	OITIONS, if a	ny, giving	008 10			
	rise to the above	cause (A)		(C)			
ATION	TO THE DEATH B	ONDITIONS CO	ED TO THE				
		N 19B. COND	ITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Ye	or No. 208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
ER	21A ACCIDENT WAS I	INDENIAN C	218	NACE OF INITION		010 (II : B II: 6	
AL	OR CONTRIBUTING	AUSE OF	home etc.)	, form, foctory, street, of	fice bldg., INJURY OC	CUR?	City, give exact location)
		(Doy) (Yeor)	(Hour) 21 E,	INJURY OCCURRED	21 F. HOW D	DID INJURY OCCUR?	
8					e		
	20 1 1/2 1/2 1/2				7/6/50	2	July
					(/ 0 / 500-4	/191d	1/19/66 19
	ALE CASE NO. NAME OF DECEASED Type or Print) PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF Oddress or location) 1541 E. 29th St. SEX 6. RACE FORMALO Noting most of working lite, even il refired) Thousewife 3. FATHER'S NAME Leroy Gibson 5. Was Deceased Ever in U. S. Armod Forces? (es, no or unknown) (If yes, give wor or dotes of service) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nal moan the mode of dying, e.g., heart failure, eatheria, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION LUSING IT. 19.A. DATE OF OPERATION 19.A. DATE		/		and that in(my) (our) apinio	an death accurred an the d	
		(We) (did) (did-not) v	iew the bady after	death.			
	23A: SIGNATURE	pin1	0			_ //	3B. DATE SIGNED
	Mamas &	. Wa	sluy	M.D. Atte	nding Med. Directo	r Stoff Phys.	11/19/66
	23C. PHYSICIAN'S	ASE NO. E OF DECEASED Print) SALLY IEE SE OF DEATH IN BALTIMORE, MARYLANG MAME OF Oddress or locotion) 1541 E. 29th Service A Company of the service	/		23 D. ADDRESS		1 11
		r. Thomas	L. Wor	sley, Jr. M.D.	6505 Yo	ork Road, Baltimo	re. Md.
24A	A STATE OF THE PARTY OF THE PAR	OUTION 1541 E. 29th St. 6. RACE White White Widowed AL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INCOUSEWIFE ERS NAME Leroy Gibson Deceased Ever in U. S. Armod Forcos? Unknown) (If yes, give wor or dotes of service) Disease Or Condition Directly Leading to Death I does not mean the made of dying, e.g., or complication which caused deeth.) ANTECEDENT CAUSES ASES OR CONDITIONS, if any, giving to the abave cause (A) staling the DERLYING CONDITION CONTRIBUTING THE DEATH BUT NOT RELATED TO THE ASE OR CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING ON THE MORE OF THE CONDITION CONTRIBUTING ON THE MORE OF THE M					town, or county) (State)
6	en tombment		0			Baltimore, Mary	
		11-66-	-00			Daroniol o, Haly	LELIC

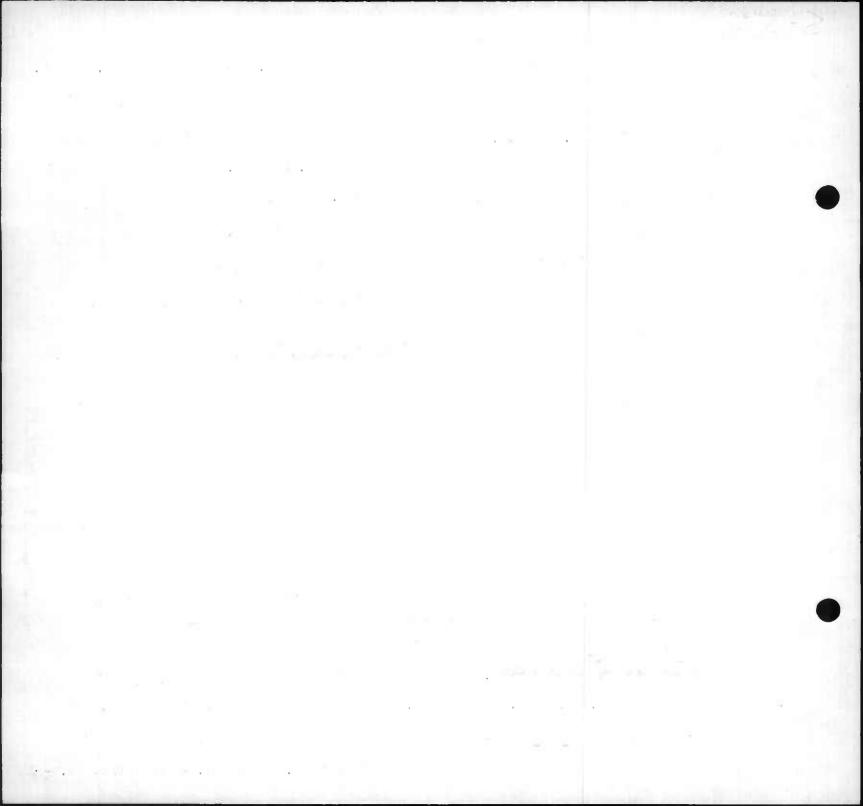
258. NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH

VS 150-REV. 1/1/65

DEPT.

De onard J. Ruck, Inc. - Baltimore, Md. - 14



written approval must be obtained before the remains are embalmed or final disposition is made.

66 11640			
202	20	- 4 - 4	(1) 6 (1)
	100		12011

BALTIMORE CITY HEALTH DEPARTMENT

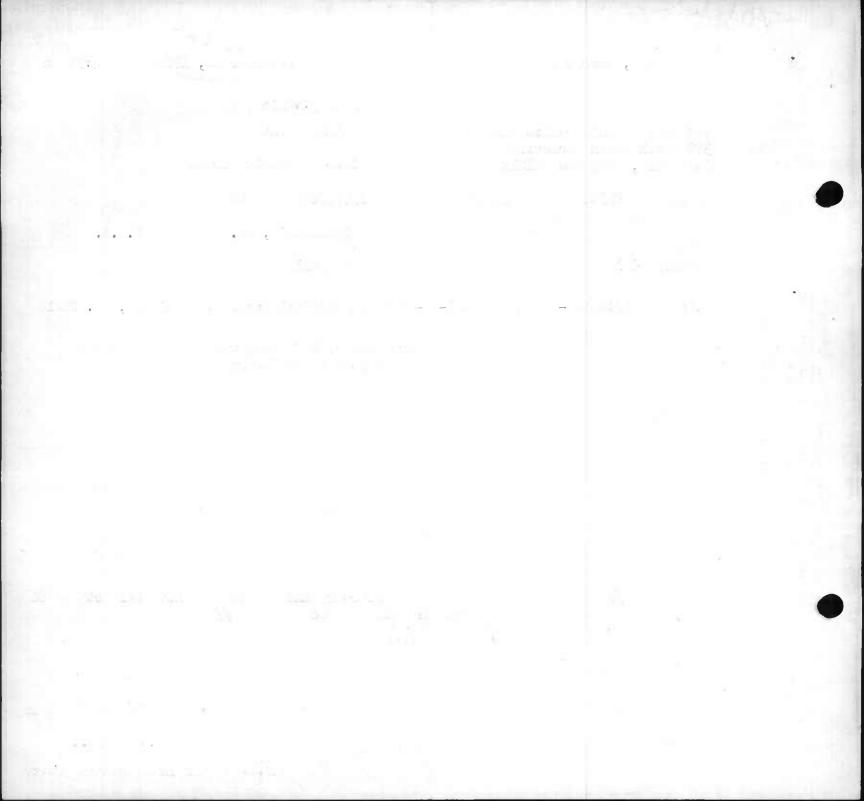
R	TIFICA	TE	OF	DEATH	Regist	ere

Registered Na.	66	1	1640

Loch Raven B'kvo.

		06 11040		CERTIFICA	TE OF DEATH	Registered Na.	00 1164()
1. N	AME OF DECE	ASED			2. DATE	AND HOUR OF DEATH	
(Тур	e or Print) GI	LL, George Jo	seph			ember 16, 196	6 4:30 a
3. F	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND			here deceased lived, if in	nstitution: residence before admission)
- 1	OSPITAL OR	(If not in haspital address or location	ar instituti <mark>an,</mark> 1)	give street	Pennsylvania	autside city limits, write l	RURAL and give tawnship)
1	Veterans	Administrati Raven Boule		oital	Philadelphia D. STREET ADDRESS	R. If rural, give lacation)	1-35
					7014 TO Oalede	Ta Chanak	
5. 5	EX	6. RACE	21218 7. MARRIED	, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	16.2		WIDOWE	D, DIVORCED (specify)	- /- /	last birthday)	If Under ? Yr. If Under 24 Hrs. Manths Days Haurs Min.
10A	Male USUAL OCCU	White PATION (Give kind of work		rried F BUSINESS OR INDUSTRY	1/7/1900 11. BIRTHPLA CE (State or fo	66	12. CITIZEN OF
		rarking life, even if retired)		. Dosiness or moosiki	TI. BIRTHER GE (Sidie of to	neigh cuonny/	WHAT COUNTRY?
					Philadelphia,	Pa.	U.S.A.
13.	FATHER'S NAN	3.6			14. MOTHER'S MAIDEN N	AME	
	Harry (Mary Bell		
(Yes	Nas Deceased ,na ar unknawn)	Ever in U. S. Armed Fare (If yes, give war ar date	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	Yes	6/12/42 - 6	/30/45	201-09-9220	VA Hospital I	Records, Balt	imare, Md. 21218
	18.	E OR CONDITION DIR	ECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH	ECILI	Carcin	noma of left ly	me with	2 months
		at mean the made of asthenio, etc. II means		DUE TO MA	noma of left lu etastases to Pl	eura	Biggs of deadle
	injury or com	plication which caused	death.)				
	A	NTECEDENT CAUSES		(B)			
	DISEASES O	R CONDITIONS, if	any, giving				•
		obave couse (A) CONDITION lost.	stating the	(C)			.0
		- 11					
ATION	TO THE DE	CANT CONDITIONS CONTINUES OF THE SUT NOT RELATED TO THE CONDITION CAUSING IT	TED TO TH	G IE			
CERTIFICA	19A. DATE OF		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or I	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CE	21 A. ACCIDEN	T WAS UNDERLYING		PLACE OF INJURY (e.g., in	or about 21C. WHERE DID		City, give exact lacation)
MEDICAL		TING CAUSE OF medical examiner	har	ne, form, factary, street, af	fice bidg., INJURY OCCUR?		
ED	21 D. TIME OF INJURY	(Manth) (Day) (Year)	(Haur) 21 E	INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
8	(APPROX.)		W	nile At Nat White	е		
	22. I certify	that (1) (this haspital) attended t	he deceased fram	February 2nd	1966 to No	vember 16th 19 66
	that (/) (we)	last saw the decease	d alive an.	November 16th	1 19 66 and	that in () (aur) api	nian death accurred an the date
	and have and	fram the causes stat	ed abave.	() (We) (did) (d/d/dol/v	iew the bady after death		
	23A. SIGNATUI		-			· · · · · · · · · · · · · · · · · · ·	23 B, DATE SIGNED
	On a	- Low m	Illh	M.D. Atte	mding Med. Director	Stolf Phys.	11/17/66
	23 C. PHYSICIAI				23D. ADDRESS		4711100
		MARY LOU MO	LHANY	M.D.	VA Hospital Ba	ltimore, Mar	wland 21218
24A	BURIAL CREA	ATION, 248, DATE		AME at CEMETERY of CRE			ty, tawn, or county) (State)
	Burial		166 +	12	2.6		
	DULTAL	11/21/	25B NAME	llside Cemet	CT C FUNERAL DIRECT	ntgomery C	o., Penna.

VS 150-REV. 1/1/65



2SB. NAME OF REGISTRAR

PORTANTUL eceased the body Ö Mas

2SA. DATE REC'DE SY WE

VS 150-REV. 1/1/83

\$ 0

2SC. FUNERAL DIRECTOR

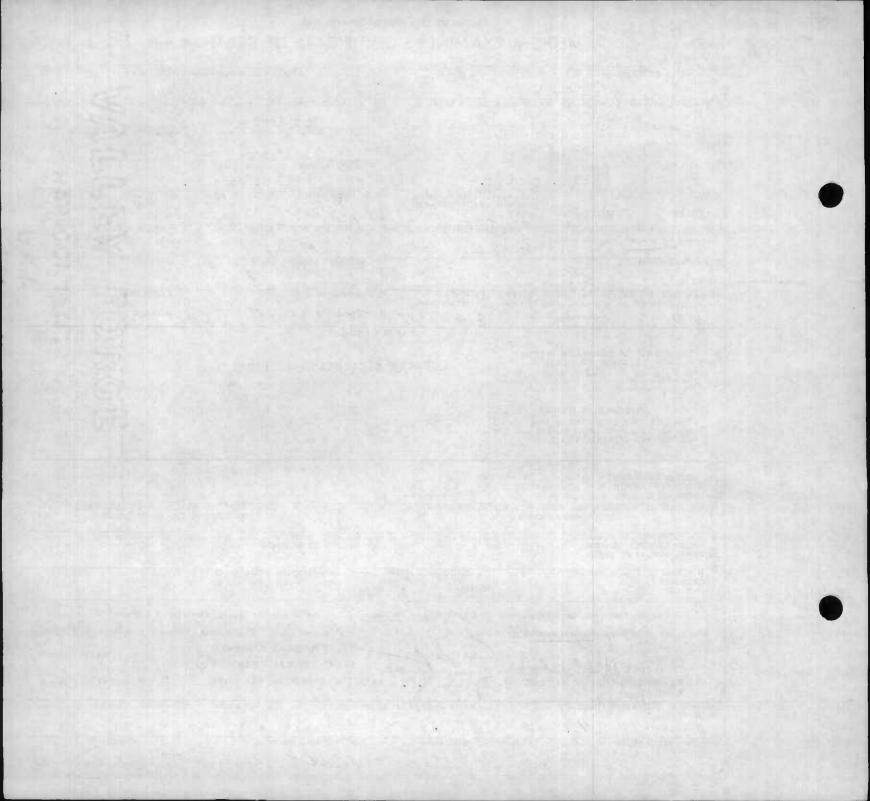
* v v Total Inc. of State of East of J = J may . A PLIER ET .fe .m. . = 5 in ... als .s. Hillian I was a second to the first terms of the THE GALLES OF THE STATE OF THE .2.-Fine the second of the second and the second s

VS 151-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

AFDICAL EXAMINER'S CERTIFICATE OF DEATH Registers

BIRTH NO.	WED	ICAL EX	CAMINER'S C	EKIIFICA	IF OF I)EAIH Register	red Na.O.O.	7745
ME CASE NO.								
Type or Print		01 1			2. DATE AN	D HOUR PRONOUNCE		
	Edward					11/15/60		:55 a. M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESID	DENCE (Where	deceosed lived. If insti B. COU	tution: residence	before odmission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	M	Marvland	corporate limits, write		
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITT OK 10	AALA (IL OUISIDO	corporate limits, write	RUKAL and gi	e township)
					Baltimo		4	
00	112 NT	Dana Ca		D. STREET ADD				
C CEV		Paca St		In Carrie Co. No.		Paca St.	TW II I I I V	
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	,	9. AGE (In years last birthday)		. If Under 24 Hrs.
male	White	SING		10/14/		58		
	CUPATION (Give kind of working life, even if retired)			Y 11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN O	
-		G.M.	6.	1	y D,		232	
13. FATHER'S NA	ME			14. MOTHER'S M	AIDEN NAME			
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
NO			213-10-4810	PAULM	MEIRET	T (SA)	ME)	
1B. 2	-10			E OF DEATH			INTE	RVAL BETWEEN
Dist	VSE OR CONDITION D	DECT! V					ONS	ET AND DEATH
DISEA	ASE OR CONDITION DI LEADING TO DEATH		, Fatty	alteratio	n of li	ver	5 / C 75	
heort foilure	not mean the mode of e, asthenia, etc. It means	the disease.	DUE TO			V.C.A.		
injury or co	omplication which coused	deoth.)						
	ANTECENDENT CAUSE	S						
	OR CONDITIONS, IF A		DUE TO					
UNDERLYI	ING CONDITION LAST.	IA III O IIIE						
OTHER SIGN TO THE DISEASE OF 19A. DATE OF 19			(C)					
OTHER SIG	II SNIFICANT CONDITIONS	CONTRIBUTU	N.G.					
O THE	DEATH BUT NOT RE	LATED TO T					200	
MISEASE O	OR CONDITION CAUSING		WHICH OPERATION	VANDA AUTOPSY	(2 (Yes or No)	20 B. IF YES, WERE FIN	IDINGS CONSI	DERED
9	WAS PER		William O. ERAMON			IN CERTIFYING CAUS		
	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C, V	WHERE DID	If in Boltimore City, giv	re exact lacation	n)
UTING CA	USE OF DEATH.	home etc.)	, form, foctory, street,	office bldg., INJUR	Y OCCUR?			
21D TIME OF INJURY	(Month) (Doy) (Yea	n (Hour) 2	TE. INJURY OCCURRED	21F. H	OM DID INTO	RY OCCUR?		
(APPROX.)		m. V	VHILE AT NOT	WHILE				
22.	-Att. At -A I I -1 I I				1.1	-1 1 1 1		
	rtify that I held an I					s basis, death in m		
resu	Ited fram: Natural ca	uses X A	Suicid			Indetermined manne	or	
ACTUA	1/100-	-10	7/-/-		EDICAL EX		D/	ATE SIGNED
SIGNAT	TURE // U DIV	5h.		ASSISTANT M	EDICAL EX	AMINER X		
EXAMI NAME		ner U.	Spitz, M.D.	ASSOCIATE M	MEDICAL EX	(AMINER	1	11/15/66
23A, BURIAL CR REMOVAL (Speci		23	C. NAME OF CEMETERY		23 D. Le	OCATION (City,	town, or county	(Stote)
BURIA	111.1.1	66	ST. STAN	ISLAUS	0	UNDALK	c, mo,	
24A. DATE REC'E	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR		AL DIRECTOR		ADDR	ESS
N	DV 21 1965 /	NO 8-	C TO	10	1 4 11	× >===	5 /	7



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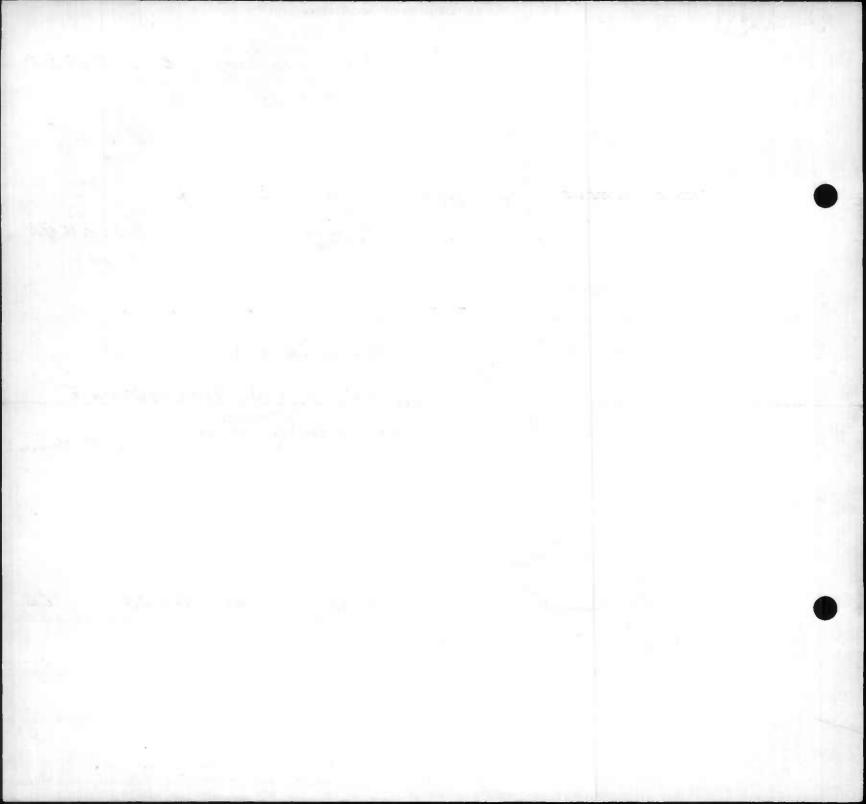
D.O.A.

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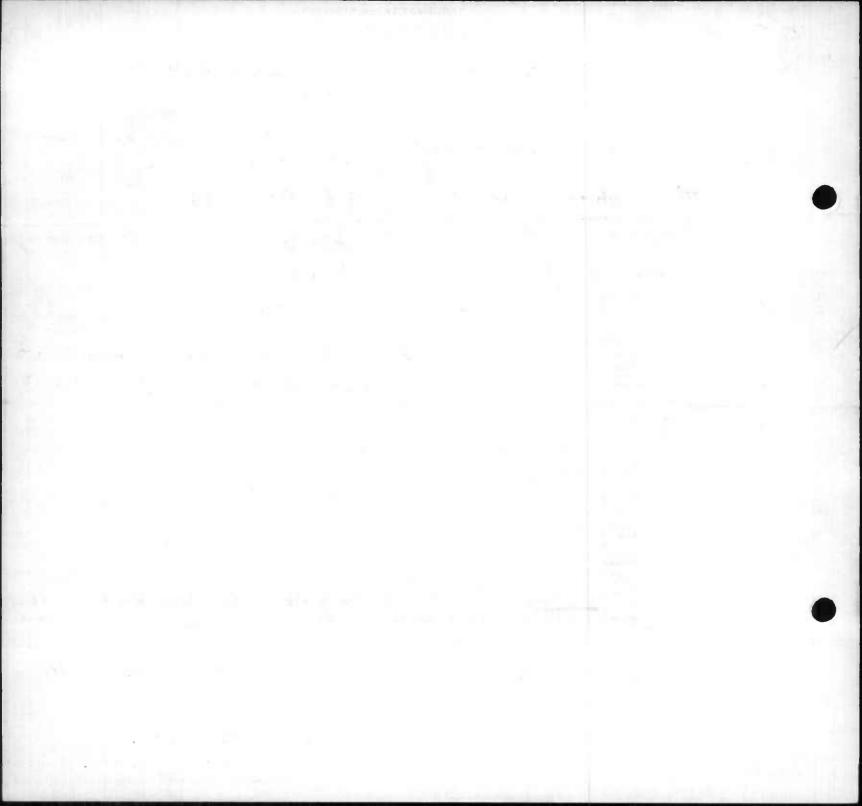
BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO.66 11643 Registered Na. CERTIFICATE OF DEATH of death Undetermined cause; (5) Deceased M.E. CASE NO Such 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) PROKES E₀ a hospital 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission attendance B. COUNTY contributing cause (If not in hospital or institution, give street FULL NAME OF ŏ HOSPITAL OR address or location) (It outside city limits, write RURAL and give townsh INSTITUTION 0 MEMORIAL prior RALTIMORF occurred made. regular 5. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. 11 Under 24 Hrs. deceased Months: Doys Hours WIDOWED, DIVORCED (specify) OWEN 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF isposition WHAT COUNTRY? 2 done during mast of working life, even if retired) OF House of Worstertex Presser Was 14. MOTHER'S MAIDEN NAME the 13. FATHER'S NAME 4 assistant if death uo kind; 15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) (It yes, give war ar dates of service) 17. INFORMANT 6. SOCIAL ADDRESS final SECURITY NO. attendance 216-07-1314 Ferdinand J. Prokes. son. any CAUSE OF DEATH pronounced INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, the chief medical examiner gular injuly of complication which coused death.) ANTECEDENT CAUSES who 9 are 4 DISEASES OR CONDITIONS, if ony, giving <u>e</u> rise to the obove couse (A) stoting the physician the remains UNDERLYING CONDITION Iosl. Mas medical burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? to the hospital by 3 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID (If in Baltimare City, give exact lacation) where OR CONTRIBUTING CAUSE OF hame, tarm, factory, street, affice bldg., INJURY OCCUR? °Z DEATH (notity medical examiner) nature; by MEDIO obtained (Month) (Day) (Year) (Haur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Nat While While At (APPROX.) and Work At Work any 22. I certify that (I) (this haspital) attended the deceased from 10-3/ .19 Lele_and that in(my) (aur) apinian death occurred an the date that (I) (we) last saw the deceased alive an... eath) of hospital the body was released must and haur and from the causes stated obave. (I) (We) (did) (did not) view the bady after death. An accident 23A. SIGNATURE 238. DATE SIGNED Ö

Attending Med. approval 23C. PHYSICIÁN'S 23 D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, ar county) REMOVAL (Specify) Burial 11/19/66 Bohemian National Cem Baltimore 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR Schimunek Funer1 Home. Inc. 3331 Brehms Lane VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT	
ERTIFICATE OF DEATH Registered No. 66 11644	
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
Type or Print 1220, VINCENT 12 Noon, Nov 16, 1966	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before addressed and the state of the s	
N/ J	
FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR Oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)	
Beltimore)
The Union Memorial Hospital D. STREET ADDRESS (If rurol, give location)	
44702 Parkside Drive	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Doys Hours Hours	24 Hi Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) [12. CITIZEN OF	
Produce Clerk Food Fair Stores T.	
13. FATHER'S NAME	
Izzo. Joseph Lucia	
15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS	
(Yes, no ar unknown) (If yes, give was ar dates of service) SECURITY NO.	
213-01-7001 Frank Izzo, son, above	
18. CAUSE OF DEATH INTERVAL BETWEE ONSET AND DEA	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1/-
(This does not meen the mode of dying, e.g., heart foilure, astheric of complication which causes the disease, injury or complication which causes death.) (A) Acute Mycardial Infarction murning Nov. DUE TO DUE TO DUE TO DUE TO 12. Noon Nov.	10
heart failure, asthenia, etc. II means the disease, injury or complication which coused death.)	16
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if ony, giving	
rise to the obove couse (A) sloting the (C)	
UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Not) 20B. IF YES, WERE FINDINGS CONSIDERED	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or Not) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, foctory, street, affice bldg., INJURY OCCUR?	
DEATH (natify medical examiner)	
Q 21D. TIME (Month) (Day) (Year) (Haur) 21E. INTHEY OCCURRED 21E. HOW DID INTHEY OCCUR?	
OF INJURY (APPROX.) While At Not While Work At Work	
	11
that (1) (we) last saw the deceased alive an 12.00. Nav16 19.66 and that in (my) (our) apinion deoth accurred an t	ne do
and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE	
4 40	,
Phys. Director Phys. Nov 16 196	5
23C. PHYSICIA #5 NAME (Type) 23D. ADDRESS	
M.D.	
REMOVAL (Specify)	State)
Burial 11/21/66 Holy Redeemer Cemetery Baltimore, Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	
NOV 21 1966 Plate E. Jally M. Schimunek Funeral Home, Inc.	

VS 150-REV. 1/1/65

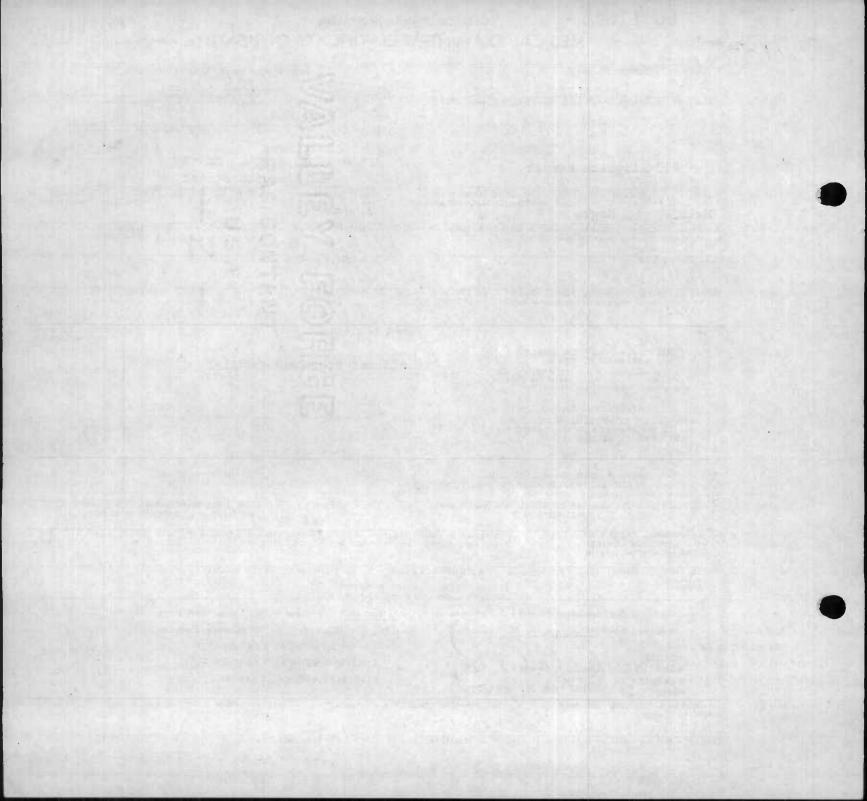


A 423 BIRTH NO.

M.E. CASE

I. NAME C

	66	11645	8	ALTIMORE CITY HEAL	LTH DEPARTMEN	NT	724	66 11	RA5
BIRTH NO	о.	MED	ICAL EX	AMINER'S C	ERTIFICA	TE OF DEATH Registe	ered Na	00 11	
M.E. CA			2015						
1. NAME (Type or	Print)	EASED				2. DATE AND HOUR PRONOUNC	ED DEAD		
3. PLACE	IN BALTI	WILLIE IMORE, MARYLAND, W			A. STATE	November 20, 19 DENCE (Where deceased lived, If instruction B. college)	titutian: resi	dence befare o	
FULL NA HOSPITAI INSTITUTI	LOR	(IF NOT IN HOSPITA ADDRESS OR LOCA		TION, GIVE STREET	C. CITY OR TO	WN (If autside carparate limits, write. timore	e RURAL o	nd give townsh	nipl
00	813	Aisquith Stre	eet			RESS (If rural, give lacation) Aisquith Street			
5. SEX Male		6. RACE Negro		NEVER MARRIED NORCED (specify)	B. DATE OF BIRT	H. 1922 9. AGE (In years lost birthday) 2, 1922 44		Doys Hours	
done durin		rarking life, even if retired)	TOB. KIND OF	BUSINESS OR INDUSTRY			12. CITIZ WH A	EN OF	3 1 5
	1/2m	d Alston			14. MOTHER'S M	Turner			
(Yes, no or		O EVER IN U.S. ARMED	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	es Alston 184	ADDRESS		st.
18. / CAUSE OF DEATH INTERVAL B					INTERVAL BE				
RIS	SEASES O	DR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST.	NY, GIVING	(B)					
P TO	THE	HIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO TH				****************	> × 4 4 4 4 7 7 4 5 7 4 5 5 5 5 5 5 5 5 5 5	
19A.	DATE OF	OPERATION 19B. CON WAS PER		VHICH OPERATION	20A. AUTOPSY Ye	? (Yes or No) 20B. IF YES, WERE FI IN CERTIFYING CAU			s
D UNDI	ERLYING	OR CONTRIB- SE OF DEATH.	21 B. Hame, etc.)	LACE OF INJURY (e.g., farm, factory, street,	in or obout 21C. V	WHERE DID (If in Boltimare City, gi	ive exact la	acatian)	
	TIME NJURY ROX.)	(Manth) (Day) (Year			WHILE	OW DID INJURY OCCUR?			
22.		ify that I held an 1	nquiry 🗌	Inspection Au	topsy 🗶 an	d that an this basis, deoth in r		n	
	ACTUAL	ed from: Natural car	uses 🗴 A	Suicid	CHIEF M	EDICAL EXAMINER	er	DATE SIG	SNED
	SIGNATI EXAMIN NAME (1	ER'S Charles	S S. Pet	1		EDICAL EXAMINER X		11/20/6	66
REMOVA	RIAL CREAL (Specify	11/17		Balto. Na		23D. LOCATION (City	town, or	county) (State)
	TE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR		AL DIRECTOR 7 MARCH 9		ADDRESS = 1/6	rthi

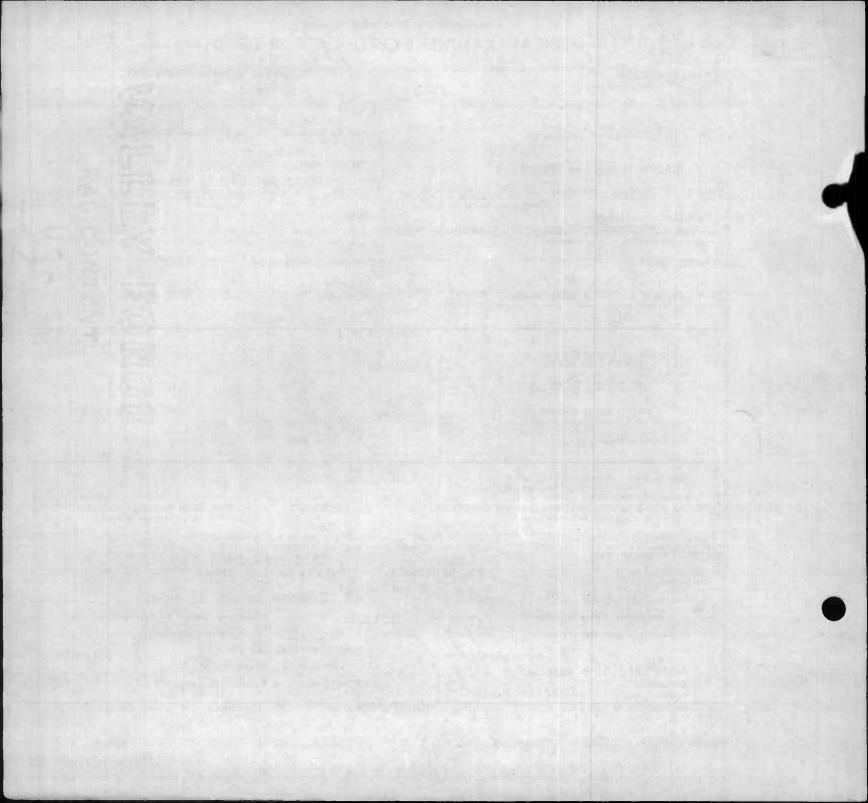


00 11040 MEDICAL EV	BALTIMORE CITY HEAD		DE DEATH Pasies	66 11646	
M.E. CASE NO.	AMINERS	EKTIFICATE	OF DEATH REGISTER	red 110.	
1. NAME OF DECEASED		2. DA1	E AND HOUR PRONOUNCE	D DEAD	
CHERLYN	NEAL	No	vember 17, 196	6 12:05 A	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	INCED DEAD	4. USUAL RESIDENCE	B, COU	tution: residence before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) ADDRESS OR LOCATION)	ITION, GIVE STREET	C. CITY OR TOWN (IF	outside corporote limits, write	RURAL and give township)	
INSTITUTION		Balti	more	9-01	
Union Memorial Hospital		D. STREET ADDRESS (I	f rural, give location)		
ful co	Sales In The State of the State	1523	Friendship Str	eet	
	NEVER MARRIED DIVORCED(specify)	March 10;	1965 9. AGE (In years last birthdoy)	Months, Days, Haurs, Min.	
10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTR	Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
James E. Neal		June E	Woods		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	,	ADDRESS	
(Yes, na arunknown) (If yes, give wor or dotes of service)	SECURITY NO.	Mr. Jame.	s Nest 152	3 Friendship	
LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the discose, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED					
		Yes	IN CERTIFYING CAUS	SES OF DEATH? Yes	
UTING CAUSE OF DEATH. 21D TIME (Manth) (Doy) (Year) (Hour) 2	PLACE OF INJURY (e.g., , farm, foctory, street, Home	1523 H	DID Iff in Boltimore City, giver in Street, giver in Stre		
11 10 00 P m. v	VHILE AT NOT	WHILE Drowne	ed in tub of wa	ter.	
22. I certify that I held on Inquiry	Inspection Au	topsy X and that	on this bosis, deoth in m	ny opinion	
	sccident Suicio		Undetermined manne		
0/	//		L EXAMINER		
ACTUAL () (actual)	July "	ASSISTANT MEDICA		DATE SIGNED	
SIGNATURE CALLON SEXAMINER'S		ASSOCIATE MEDICA		11/17/66	
NAME (Type) Charles S.	Petty				
051101111111111111111111111111111111111	Balto, Na7			town, or county) (State)	

248, NAME OF REGISTRAR

24A. DATE REC'D BY HEALTH DEPT.

24C. FUNERAL DIRECTOR ADDRESS
WAS MARCH 928 E. North Ave



a hospital and

-	BALTIMORE CITY HEALTH DEPARTMENT	2/3 1 1 1 2 3 5 7 1
-	M.E. CASE NO. 66 11647 CERTIFICATE OF DEATH Registered No.	66 11647
	1. NAME OF DECEASED	^
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND [4, USUAL RESIDENCE (Where deceased lived, If institution in the control of the contr	on: residence before admission)
	A. STATE B. COUNTY	on, residence before domission/
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (C. CITY OR TOWN (If autside city limits, write RORA)	and give township
	BA TIMORE:	6-11
	D. STREET ADDRESS (If rurol, give location)	
	CHURCH HOME & HOSTITAL 3320 FAIL AVE. 12	4]
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift withdoy) lost birthdoy) More	Under 1 Yr. If Under 24 Hrs. https://doi.org/10.1001/1
	10A USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Shale or foreign county) 12.	CITIZEN OF
	done during most of working life, even if retired) Dol 2017	WHAT COUNTRY?
	13. FATHER'S NAME	HMEN.
	ERANKING ASK	
	15. Was Deceosed Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 17. INFORMANT SECURITY NO.	ADDRESS
	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. PRS. JAMES 12	EDDING
	18. 44 3 X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	UNSEI AND DEATH
	(This does not mean the made of dying, e.g., DUE TO	4 elays.
	heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)	
	ANTECEDENT CAUSES (B) DUE TO DUE TO	many years -
	DISEASES OR CONDITIONS, it any, giving	0
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Prostatic Prypertrophy.	
	UISA. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY (Yes) of Not 200 IF YES, WERE FIND	NGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY (Yes of No.) 20 IF YES, WERE FINDED IN CERTIFYING CAUSES	
	U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Buffimore City ON TRIBUTING 2 CAUSE OF	, give exact location)
	DEATH (notify medical examiner)	
	21D. TIME (Manth) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	
	(APPROX.) Work At Work	
		6 19 6 6
	that (I) (we) lost saw the deceased alive on 1416 1966 and that in(my) (aur) apinion	death accurred on the date
	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE	DATE SIGNED
	M.D. Attending Med. Stoff	11-16-66
	23 C. PHYSICIAN'S 23 D. ADDRESS	// 10 00
	NAME (Type) PODE LIO M. LIM M.D. Church Bane & Boop	
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, to	wn, or county) (State)
	BURIAL 11/19/66 Hardens of Faith Cam Trumps Will	Rd Ba Jun
	25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
	HOLD OF HOLD OF THE STATE OF THE TOTAL TO CA	esterie way.

25C. FÜNERAL C

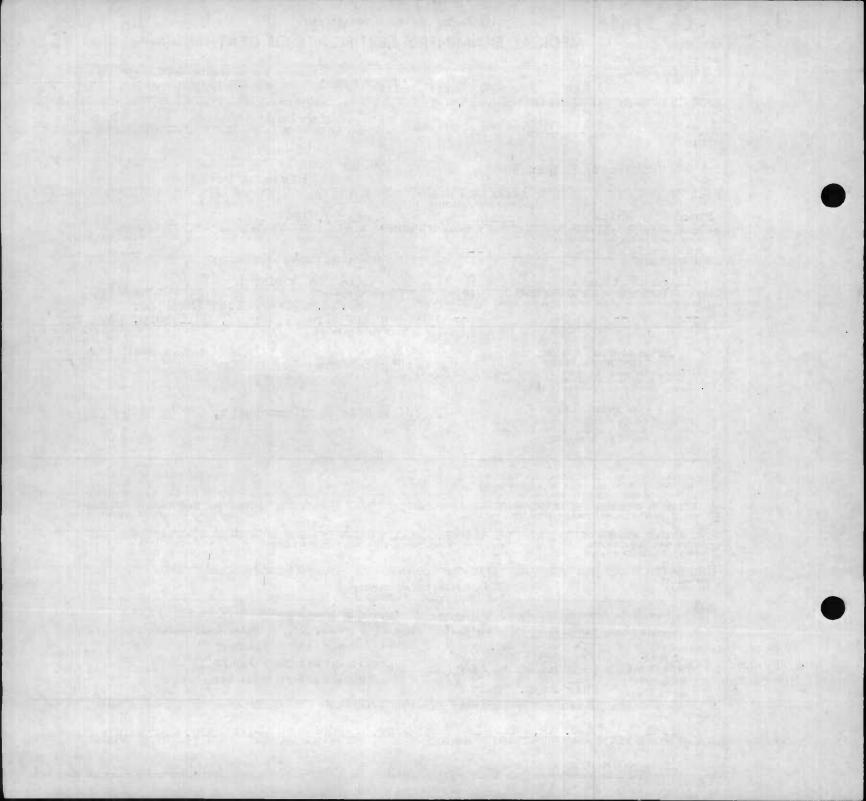
- No. / 1 - 1 - 1 - 1 - 1 CHURCH HOME I HOSPITAL 3822 FAIT HUE (24) 11 W MARRIED 6/25/1343 73 POLAND FP/EX. PAILOR FRANK WRZZASK. -ANNA URAGMIA #YPERTENSION At pundle Branch Blech by Lessage maken garaged . 21-11 23 11-11 Feddie m. Open Charle them + thop RODELION LIM

H 1 30 BRITH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

TAILD	ICAL LA	AMIII AFICO C		CAILOIL	LA III		
M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print) JOYCE	AN	N HIT	CU		vember 17,		۸ (
3. PLACE IN BALTIMORE, MARYLAND, W					·		M.
direction of the state of the s	TIERE I ROMO	NOLD DEAD	A. STATI	Maryland	B. COL	titution: residence before o UNTY Wicomico	1
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY		corporate limits, write	e RURAL and give towns	The same of the sa
INSTITUTION				Salisbury		73-11	1
3 University Hosp	ital		D. STREE	T ADDRESS (If rural,	give location)	100 -100	
omiversity neep	1001			123 France	es Drive		
5. SEX 6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE C	OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under Months, Doys, Hours	er 24 Hrs.
Female White	Marrie		June	27, 1935	31	Д 20	
IOA. USUAL OCCUPATION (Give kind of world	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTH	PLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?	1
done during most of working life, even if retired) HOUSEWIFE	0.11		Sali	sbury, Mary	land	USA	
13. FATHER'S NAME	1		14. MOTH	ER'S MAIDEN NAME			
Milton Chatham			Ella	Mae Robins	son		
15. WAS DECEASED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFOR		271 1 2 / 72 2	ADDRESS	
	2 OI SELVICE)	3200KIII 140.		E. Walter			
18.		CAUSE	OF DEA		ive, parisi	oury, Marylan	
X A A A A A A A A A A A A A A A A A A A						ONSET AND	DEATH
DISEASE OR CONDITION DI LEADING TO DEATH	RECILY	(A) Cerebi	al Ed	ema			
(This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g.,	DUE TO			00000 w w 00 w w 00 a w a a 00 00 0 0 0		
injury or complication which coused	deoth.l						
ANTECENDENT CAUSE		(B) Idior	pathic	cardiomyop	athv.		
DISEASES OR CONDITIONS, IF A	NY, GIVING	DUE TO					
UNDERLYING CONDITION LAST.		(6)					
<u> </u>	1000	(0/					
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTIN	IG				ADMINISTRA	
TO THE DEATH BUT NOT RE	LATED TO T	HE		************************	~~~~000~~000~00000000000000000000000000		
19A. DATE OF OPERATION 19B. CON	IDITION FOR	WHICH OPERATION	20 A. A			NDINGS CONSIDERED	
. 6	FORMED			Yes	IN CERTIFYING CAU	SES OF DEATH?	
21A. ÉXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH,	21 B.	PLACE OF INJURY (e.g., form, foctory, street, c	in or obout	21C. WHERE DID	If in Boltimore City, gi	ive exact location)	
UTING CAUSE OF DEATH.	etc.l	10000,	, moo aroga,	III. O COOK.			
ZID IIME (Month) (Doy) (Teo	r) (Hour) 2	E. INJURY OCCURRED		21F. HOW DID INJU	RY OCCUR?		
OF INJURY (APPROX.)	w V	HILE AT NOT	WHILE				
22.							
I certify that I held on I		<u> </u>	apsy X		s basis, death in r		
resulted fram: Natural ca	uses A	ccldent Suicid			Indetermined mann	er	
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23A, BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23	C. NAME of CEMETERY o	CREMAT	ORY 23 D. LC	CATION (City	, town, or countyl	(Stote)
	9,1966	Vicomico Memo	rial I	Park Sa	alisbury. M	arvland	
24A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR		FUNERAL DIRECTOR	a waty a list	ADDRESS	
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VS 151-REV. 1/1765		C. CLAVEOTAR		TOLLOWAY & (JUNIPANY, SA	LISHURY, MAN	CLAND
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cause; (5) Do attendance		Bon Seco
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Unds e e	13.	FATHER'S NAME
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		WilliAM NUS
ath ath		Was Deceased Ever in U. S. s,no or unknawn) (If yes, give
the direct or contributing cause reind; (4) Undetermined cause; (5) death was in regular attendance on the deceased prior to definal disposition is made.		NO
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was An Lat prio		AMABLE
A P D	244	BURIAL CREMATION, 248
Sedy Sedy Sed		REMOVAL (Specily)
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No	66	1	164	9

	E CASE NO.	ATE OF DEATH					
1. N	AME OF DECEASED De or Print)	2. DATE AND HOUR OF DEATH					
'	LAWIENCE HArry Husten	11-17-66 3-P.M.					
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE B, COUNTY					
	FULL NAME OF (If not in hospital or institution, give street	4 / 1					
-	HOSPITAL OR oddiess or location) NSTITUTION	C. CITY OR TOWN (If autside city limits, write RURAL and give township)					
		Baltimore 53-00					
	Bon Secours Hospital	D. STREET ADDRESS (If rurol, give lacation)					
-	24	2937 MANNS Ave #34					
5. \$	SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , II Under 24 Hrs.					
	M White WIDOWED, DIVORCED (specify)	12-1-96 last birthday) Months Days Hours Min.					
σÀ	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF					
on	e during mast of working life, even if retired)	WHAT COUNTRY?					
	Altimore TransitCo-) Refined Reliable Store	es BAHimure USA					
3.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Will Am NUSTER	Catherine Stella					
	Was Deceased Ever in U. S. Armed Faices? 16. SOCIAL	17. INFORMANT ADDRESS					
. 63	s, no or unknawn) (If yes, give war or dates of service) SECURITY NO.	11 +					
_	NO 713-10-2870	OF DEATH INTERVAL BETWEEN					
	401 X	ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Macc	sive Retroperitoreal Hemorrhand 12 hours					
	(This does not mean the made of dying, e.g., DUE TO	THE REMOVERITORIEST FRANCISTANCE IN LEGETS					
	hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.)	L'O RUPTURE OF ADDOMINAL					
	ANTECEDENT CAUSES (B) Ant	world Aneursym					
	ANTECEDENT CAUSES	sive Retroperitoneal Hemorrhage 12 hours 2º to Rupture of Abdominal Acritic Aneurseym Liver Corosio, generalizat years					
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slating the (C)						
	UNDERLYING CONDITION last.						
	II .						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
AT	DISEASE OR CONDITION CAUSING IT.						
IFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
ERI		165 465					
LC	OR CONTRIBUTING CALLER OF	affice bldg., INJURY OCCUR?					
CA	DEATH (natify medical exominer)						
ED	21 D. TIME (Manth) (Day) (Year) (Haur) 21 E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?					
\$	(APPROX.) While At Wark At Wark	hile					
	22. I certify that (H) (this hospital) attended the deceased from						
	and hour and from the causes stated obave. (1) (We) (did) (did not)	Tview the body after deoth.					
	23A. SIGNATURE	23B. DATE SIGNED					
	OLD Ph	Attending Med. Stoff Phys. 11-17-66					
	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS					
	A WABLE A. MENDOZA M.D	OF BON SECOURS HOSP, BALTO					
24A	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C						
	REMOVAL (Specily)	(). Q 11 M.					
	BURIAL 11-21-66 HOLY MEDERMEN						
25 A	DATE REC'D BY HEALTH DEPT. 25B, NAME OF/REGISTRAR	25C FUNERAL DIRECTOR ADDRESS					
1	NOV 21 1966 Part & Safeman	- C. T. EVANS ASON 8802 MARTORY KN					

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
•	This certificate must be approved by the body was released to the hospite shows: (1) An accident of any nature; was D.O.A. at a hospital (except whdeceased prior to death); and (6) Ne written approval must be obtained by

	1010-23840	BALTIMORE CITY	HEALTH DEPARTMENT		OO ALDED			
1	н но. 66 11650	CERTIFICA	TE OF DEATH	Registered Na	66 11650			
1, N	AME OF DECEASED	1	2. DATE AND	HOUR OF DEATH	6/1			
	or Print) Baly Sirl Reer	1		3-66	400 PM.			
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	deceased lived. If inst Y	titution; residence before admission)			
	ULL NAME OF (If not in hospital or institut	ion, give street	Md					
	ASTITUTION	1 0	C, CITY OR TOWN (II outs	ide city limits, wri	RAL and give township)			
	27 Mercy P	105/	D. STREET ADDRESS (If re	arol, give location)	~			
- 1		·	810 Bongo	Parte ave				
5. S		RIED, NEVER MARRIED DWED, DIVORCED (specify)	8. DATE OF BIRTH 9.	AGE (In seors post birthdoff)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,			
	USUAL OCCUPATION (Give kind of work 10 B, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?			
			Mercy Hosp 14. MOTHER'S MAIDEN HAM	Balto	U511			
13.	FATHER'S NAME			,				
			Betty Re.	ed				
15. \ (Yes	Vos Deceased Ever in U. S. Armed Forces? ,no or unknown) (II yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT /		ADDRESS			
	No							
	18. 776 X 1	CAUSE OI	DEATH		INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Immaturity	r				
	(This does not mean the made of dying, heart failure, osthenio, etc. It means the dise injury or complication which coused death.)	e.g., DUE TO	Immaturity	0x0 xx 0x 0x 0 0 0 0 0 0 0 0 0 0 0 0 0	***************************************			
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	DISEASES OR CONDITIONS, if ony, gi							
	rise to the abave couse (A) sloting UNDERLYING CONDITION lost.	1he (C)						
	11							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.							
ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION F	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?			
CERT	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	N O O O O O O O O O O O O O O O O O O O		City, give exact location			
CAL	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(II III bollimore	City, give exoct tocononi			
EDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
×	(APPROX)	While At Work Not While At Work			1			
	22. I certify that \mathbb{N} (this hospital) attend	10	······································	9 66 10	11/9 1966.			
	that \mathcal{N} (we) last saw the deceosed olive	an 11/9	19 6 6 ond tha	t in (mx) (aur) opln	ian deoth accurred an the date			
	and haur ond fram the causes stated abay	ve. (U (We) (did) (did pat) v	lew the bady ofter death.					
	23A. SIGNATURE A PO	m/) M.D. Atte	nding Med. S	Stoff I	23B. DATE SIGNED			
	meder Coller	Phy:	s. Director P	hys,	1117/66			
	23C, PHYSICIAN'S NAME (Type)		23D. ADDRESS		N 354			
24.4	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATOR A 120 LOCATION 12 County (Stote)							
	REMOVAL (Specify) 1/-15-66	CONTRACT OF CRE	THE PURE TO SERVE TO	LE SECTION	, tolvn; br county) (Stote)			
25A		ME OF REGISTRAR	250 PUNERAL DIRECTOR	y MEDICA	L SCHUUL			
	NOV 21 1966 P.S.	B & Facler HA	MORTHARY	CERVICE	BCHD"			
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VS 150-REV. 1/1/65

THE STREET OF THE STREET

M.E. CASE NO.								
1. NAME OF DE (Type or Print)	NAME OF DECEASED ype or Print) Baby Boy CURRERI				October 31, 1966 12:45			12:45 P. M.
3. PLACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESID			tution: resi	dence before odmission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION)	JTION, GIVE STREET	Maryland C. CITY OR TOWN (If autside corporate limits, write RURAL and give township) Baltimore				
33 John	s Hopkins Hos	pital		D. STREET ADD	RESS (If rural, g			
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRT		9. AGE (In years last birthday)	If Under	Days Haurs Min.
	White UPATION (Give kind of worl working life, even if retired)	108. KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZ WHA	EN OF AT COUNTRY?
13. FATHER'S NA	ΛE			14. MOTHER'S M	AIDEN NAME			
	ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRES	s
18.76 2	,5		CAU	SE OF DEATH		47490		INTERVAL BETWEEN ONSET AND DEATH
DISEASES RISE TO THE UN DERLYI OTHER SIG	LEADING TO DEATH not meen the mode of n, asthenia, etc. It means mplication which caused ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S' NG CONDITION LAST. II ENIFICANT CONDITIONS DEATH BUT NOT RE IR CONDITION CAUSING	the disease, death.) S NY, GIVING ATING THE CONTRIBUTING ATED TO T	(C)	atelecta	sis (circa 7	se and puln =1/2 months ation)		
. 0	WAS PER		WHICH OPERATION	20A. AUTOPSY Yes	11	OB. IF YES, WERE FIN N CERTIFYING CAUS		
UNDERLYING UTING CAL	CAUSE WAS OR CONTRIB- JSE OF DEATH.	21 8. home etc _t)	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., INJURY	WHERE DID (IF	in Boltimore City, giv	e exoct lo	ocotion)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	V	VHILE AT NOT AT	21F. H	OW DID INJUR	Y OCCUR?		
ACTUA SIGNAT EXAMI	NER'S Charles	J. A	Cocident Suici	de Homici	EDICAL EXA	MINER	er 🗌	DATE SIGNED
23A, BURIAL CRI REMOVAL (Speci	MATION, 238 DATE		C. NAME of CEMETERY	or CREMATORY	23D. LO	CATION, (City,	town, or.	dounty) à L'iState)
24A. DATE REC'E	BY HEALTH DEPT. NOV 21, 1966	A	OF REGISTRAR		AL DIRECTOR	A WEDNI	AL,	ADDRESS BCFB
VS 151-REV. 1/1	2 9 101		8 8 0 n	7 1 7	OR TOTAL	SE Vinne	9 -1	al sale

A Total Company of the sentence of the sentenc ELECTRICAL STATE OF THE SECOND Andrew The Paris County of the one the second of the second s

contributing disposition is made. (4) Undetermined regular deceased = 0 Was the the direct IMPORTANT death uo kind; final in regular attendance s are embalmed or fina any pronounced Also, of fracture the chief medical examiner DIRECTOR: examiner. who 4 3 where the physician obtained before the remains medical ; and (6) No physician was burns; FUNERAL Body 0 þ 2 to the hospital nature; approved (except any pe hospital of death) he body was released must accident This certificate must 0 written approval at a prior (I) An D.O.A.

(5) Deceased

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46-23567 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or tocotion) C. CITY OR TOWN (If outside city limits, Juite RURAL and INSTITUTION GENERAL (If rural, give location) 9. AGE (In years 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Un Months: Doys Hours If Under 24 His. 5. SEX Min. WIDOWED, DIVORCED (specify) lost birthdov 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working fife, even if refired) MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CHARLES ZDWAR 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMAN (Yes, no or unknown) (If yes, give SECURITY NO. OTHER CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. H CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes of No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., tNJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF CAL DEATH (notify medical examiner) MEDIC 21D. TIME (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED OF INJURY While At Not While (APPROX) At Work Work 22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an... ...and that in(my) (aur) apinian death accurred an the date NW and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 238 DATE SIGNED 23A, SIGNATURE Attending Stoff M.D. Med. Phys. Phys. 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) M.D.

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) 25A. DATE REC'D BY HEALTH, DE 258. NAME OF REGISTRAR

24D. LOCATION

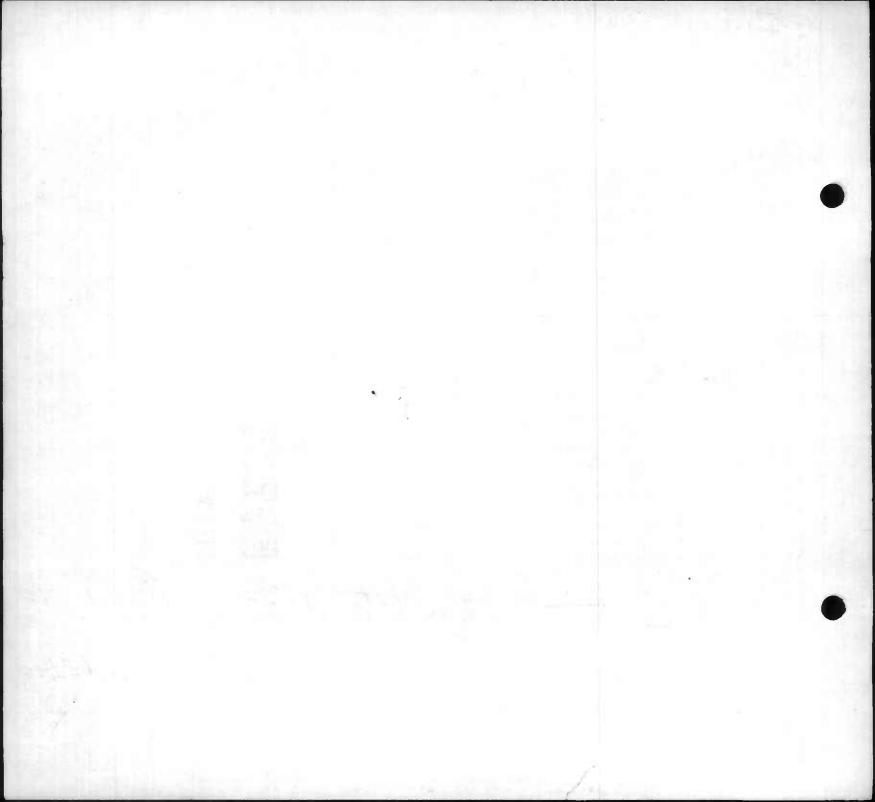
FUNERAL DIRECTOR

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24A. BURIAL CREMATION,

VS 150-REV. 1/1/65

REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT

DATE

25B. NAME OF REGISTRAR

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BALTIMORE

CITY HEALTH DEPARTMENT		00 4	1653
CATE OF DEATH	Registered Na	00 1	11000
	D HOUR OF DEATH	1	4:30 P
4. USUAL RESIDENCE (When A. STATE B. COUN MARYLAND	TY		
BALTIMORE D. STREET ADDRESS (IF	side city limits write	URAL ond give t	ownship)
612 E. LOMBAR		21202	
9-13-20	9. AGE (In years lost birthday)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
DISTRICT OF CO		12. CITIZEN OF WHAT CO	UNTRY?
14. MOTHER'S MAIDEN NAM			993
17. INFORMANT RECORDS: BCH	4940 EASTERN	ADDR N AVENUE	
ARDIAC R	MREST	ONSET	AL BETWEEN AND DEATH
			4

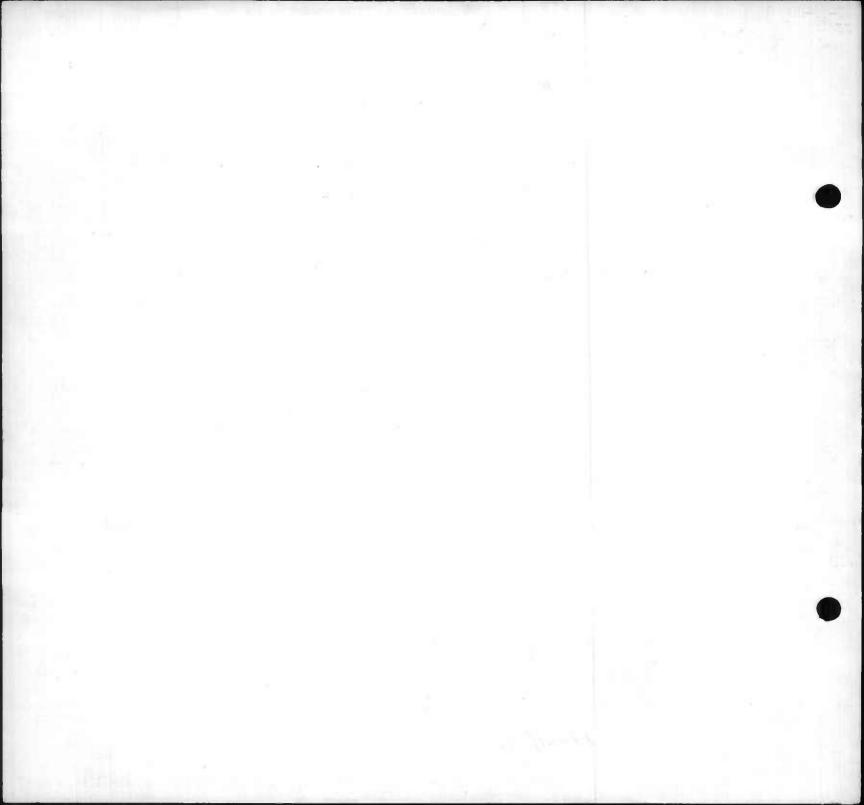
24D. LOCATION

25C FUNERAL DIRECTOR

(Stote)

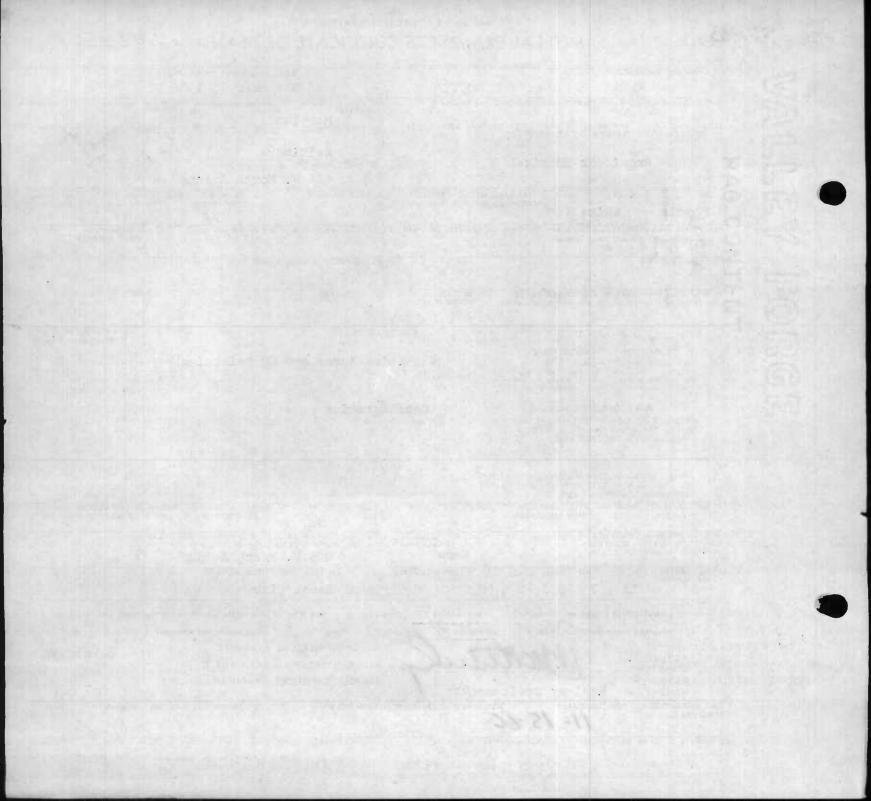
ADDRESS

BALTIMORE CITY HOSPITALS EASTERN AVENUE BALTIMORE, MARYLAND 21224 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify WHITE IDA USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU done during most of working lite, even if retired) 13. FATHER'S NAME JAMES B. Deceased 5. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. NO CAUS DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, DUE TO hearl foilure, osthenio, etc. Il meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving In the obove couse (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. N 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION CERTIF WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? BUWE 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, sheet, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) OF INJURY (Month) (Doy) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E, INJURY OCCURRED While At Not White (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an and that in (my) Your) apinion death accurred on the date ATTIMe) (did) (did nat) view the bady after death. and have and from the causes stated above 23A, SIGN ATURE 23 B. DATE SIGNED Attending Med. M.D Director Phys. 23C. PHYSICIAN'S NAME (Type) AVENUE 23D. ADDRESS EASTERN

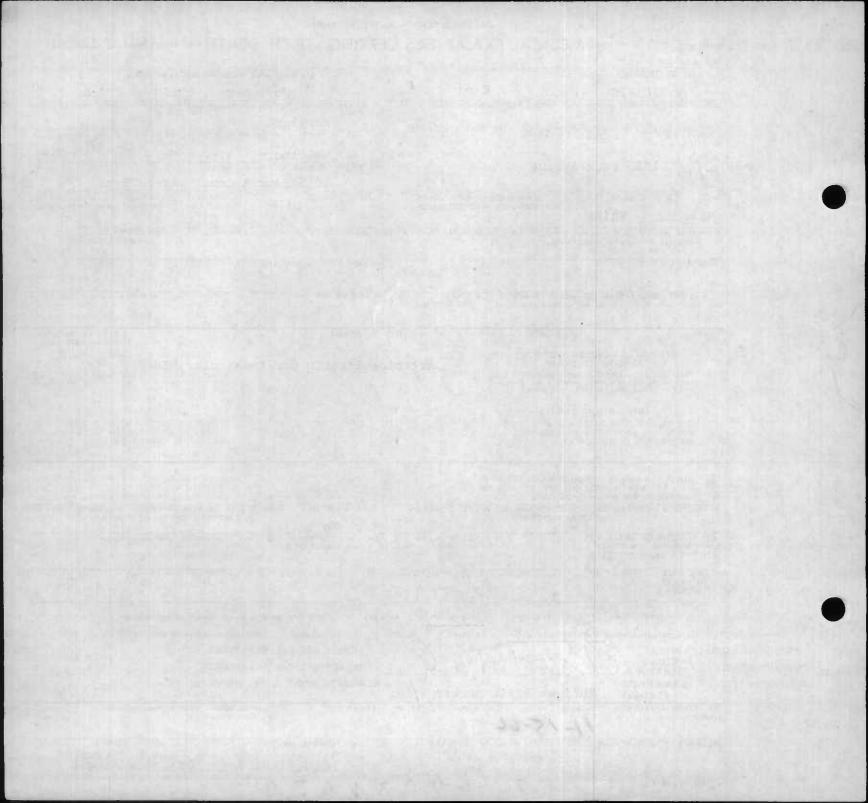


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WITH NO.	MEDI	CALEX	CAMINER'S CI	RIFICA	IE OF DEATH Regis	itered No.
M.E. CASE NO.						
Type or Print)	CEASED				2. DATE AND HOUR PRONOUN	CED DEAD
Type of Tillin	ANNA		SCOTT		November 7, 1966	6 4:45 A
	TIMORE, MARYLAND, W			A. STATE	DENCE (Where deceased lived. If in B. Co	nstitution: residence before odmissio DUNTY
FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOCA		JTION, GIVE STREET	C. CITY OR TO	WN (If outside corporate limits, w	rite ROSAL and give township)
39	Provident Hosp	pital		D. STREET ADD	RESS (If rurol, give location)	
- CEV	L BAGE	7 11 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NEVER MARKET	11	W. North Avenue	
Female	White		DIVORCED (specify)	B. DATE OF BIRT	9. AGE (In year last birthday)	Months, Doys, Hours, Min.
	CUPATION (Give kind of work working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	ME			14. MOTHER'S M	AIDEN NAME	
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
18.	1/6.0		CAUSE	OF DEATH		ONSET AND DEATH
DISEA	ASE OR CONDITION DI		Errtonoi	Tro Purno	and CO Dejection	
(This does	LEADING TO DEATH		(A) EXCENS	Lve burns	and CO Poisoning	
heart lailure	e, osthenio, etc. It means omplication which caused	the disease,	001 10			
	OR CONDITIONS, IF A			agration		
RISE TO TH	HE ABOVE CAUSE (A) ST		DUE TO			
	ING CONDITION LAST.		(C)			AND THE STREET
<u> </u>	li li					
O THE	ONIFICANT CONDITIONS DEATH BUT NOT REL	ATED TO T				
E DISEASE	OR CONDITION CAUSING		WHICH OPERATION	120A AUTOPSY	? (Yes or No) 208, IF YES, WERE	FINDINGS CONSIDERED
	WAS PERI	FORMED		No	D IN CERTIFYING CA	USES OF DEATH?
UNDERLYING	AL CAUSE WAS ROR CONTRIB- USE OF DEATH.	21 B. home etc.)	flace of injury (e.g., i , form, loctory, street, o Home	ffice bidg., INJUR	WHERE DID (If in Boltimore City, Y OCCUR? North Avenue	give exoct locotion)
E 21D TIME	(Month) (Doy) (Year	Hour 2	1E. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?	
(APPROX.)	11 7 '66 :	3:40 A.	VHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE X HOT	use Fire	
22. 1 ce	rtify that I held an I			apsy an	d that an this basis, death In	my apinian
resu	ilted fram: Natural cau	ses A	Suicide	Hamici	ide Undetermined mar	iner
ACTUA SIGNA		Wite	Tulky		EDICAL EXAMINER EDICAL EXAMINER	DATE SIGNED
EXAMI	NER'S	Breite	/		MEDICAL EXAMINER	11/7/66)
23A. BURIAL CR	EMATION, 238 DATE	23	C. NAME of CEMETERY o	CREMATORY	23D. LOCATION (C	ity, town, for county) (Slote)
	11-1	5-66	OF REGISTRAR	TAL TAL	re beny repla	AL SCHOOL
MAN DATE RECT	BY HEALTH DEPT.	245 NAME	Fallenta 1	Zª CO PUNER	AL DIRECTOR	ADDRESS
2.1	01/ 01/ 1066 A	11/2 /20	CONTRACTOR	MI	RILLARY CEDIT	



SHITH NO.	MEDI	CAL EXAMINER'S	CERTIFICA	TE OF D	EATH Register	red No 1100
M.E. CASE NO.						
1. NAME OF DE	CEASED		On the second		HOUR PRONOUNCE	
J	OSEPH	Косн	IV	Novemb	per 2, 1966	1:40 P M.
3. PLACE IN BAL	LTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE		ceased lived. It insti B. COU	tution: residence before admission) NTY
FULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITUTION, GIVE STREET		ryland	cornarate limits, write	DORAL on give township)
HOSPITAL OR	ADDRESS OR LOCA	110N)	The Mark			110000
00 1	.615 Park Aven	110	D. STREET ADD	ltimore	us lasation)	9
10	OIS LUIK AVEIL	ue .		15 Park A		son Home
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Male	White	WIDOWED, DIVORCED(specify)			lost birthdoy	Months Doys Hours Min.
		TOB. KIND OF BUSINESS OR INDUST	RY 11 SIRTHPLACE	(State or foreign	83	12. CITIZEN OF
	f warking life, even if retired)	Total land of Southers on Indian	NI SIMILIFICACE	torono or norman	000111177	WHAT COUNTRY?
13. FATHER'S NA	ME		14. MOTHER'S M	AIDEN NAME		
	SED EVER IN U.S. ARMED		17. INFORMANT			ADDRESS
(Yes, no or unknow	n) (If yes, give war ar date	s of service) SECURITY NO.				
110						INTERNAL RETUVERN
18.	21/1	CAUS	SE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY	iocoloroti	o Cordion	raccular Di	2022
(This does	not mean the made of	dying, e.g., Dile TO	roscieroci	c cardio	ascular Di	sease
injury or c	e, asthenia, etc. It means omplication which caused	the disease, death.)				
	ANTECENDENT CAUSE	5				
DISEASES	OR CONDITIONS, IF A	NY, GIVING (B)				
UNDERLY	HE ABOVE CAUSE (A) ST ING CONDITION LAST.	TATING THE	10103013			
Z		(C)	••••••••			
OTHER SI	II GNIFICANT CONDITIONS	CONTRIBUTING				
O THE	DEATH BUT NOT REI	ATED TO THE				
F		DITION FOR WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 20	B. IF YES, WERE FIN	NDINGS CONSIDERED
0	WAS PER	FORMED	No	11	CERTIFYING CAUS	SES OF DEATH?
ZIA, EXTERN	AL CAUSE WAS	218. PLACE OF INJURY (e.g.	, in ar about 21 C. V		in Baltimare City, gi	ve exact lacation)
	USE OF DEATH.	home, form, factory, street, etc.)	duce pigg., INJUK	T OCCUR?		
E 21 D TIME	(Month) (Doy) (Year	Hour 21E. INJURY OCCURRED	21 F. H	OW DID INJUR	Y OCCUR?	
OF INJURY (APPROX.)		WHILE AT NOT	WHILE			
22.		m. WORK L AT	WORK			
	ertify that I held on I	nquiry Inspection X A	utopsy on	d that on this	bosis, deoth in m	ny opinion
resu	ulted from Natural con	uses X Accident Spici	de Homic	ide Un	determined monne	or _
	////	. 2		EDICAL EXA		DATE SIGNED
SIGNA		a cu and m	D. ASSISTANT M	EDICAL EXA	MINER X	DATE STORES
EXAMI	NER'S	7	ASSOCIATE N			11/0/66
NAME 23A, BURIAL CR	4.	r Breitenecker	C. CDEALATORY	220 10	FATION (C:	11/2/66 town, or county) (State)
REMOVAL (Spec	i(v)		er CREMATORY	23D. LO	LATION (City,	town, or county) (State)
	1/-/					
24A. DATE REC'I	D BY HEALTH DEPT.	24B, NAME OF REGISTRAR		AL DIRECTOR	T	ADDRESS
	NOV 21 1966	P. P. B. E. Faller	M	KIUAR	Y SERVI	CE - BCHU
VS 151-REV. 1/1	1/65	9 5 6 8 5	7 1 /	7 0		



G-651

THIS IS A PERMANENT RECORD.

EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED.

PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY.

	BALTIMORE CITY HEALTH CERTIFICATE OF	Registered Nach 11506
	I. NAME OF DECEASED (Type or PHYLLY Viola Greenfield	2. DATE OF DEATH 26, 1966
	PLACE OF DEATH IN BALTIMORE, MARYLAND CHILLMAN OF FUNDE NAME OF THE NOTE OF T	A. STATE B. COUNTY A. STATE B. COUNTY A. STATE B. COUNTY B. COU
	The Pines Nursing 11-28-66 9 5837 Belair Word	C. CITY OR TOWN (II outside city limits, write RURAL and give township) D. STREET, ADDRESS (II rurel, give location)
	5837. Deliver / Was	Rural
	5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specily) Market	8. DATE OF BIRTH 9. AGE (In yeers last birihdey) Months: Deys Hours Min.
4	IOA. USUAL OCCUPATION (Give kind of work done during most of working lila, even if retired)	Deasantville MU 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME SUBTEM Riley	6 Mma & Beckley
	15. Was Dacaasad Ever in U. S. Armad Forcast (Yes, no or unknown) (If yes, giva wer or datas of service) 16. SOCIAL SECURITY NO.	Clarence Granfield Johnson
1		OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO Deart failure, asthenia, etc. It means the disease,	ute Myoushil defeater 2 days
	injury ar camplication which caused death.)	rischroti Hemt Dinga
	ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving	
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	botis mellitis

198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY? IF OPERATION WAS RELATED TO 19A. DATE OF OPERATION CAUSE OF DEATH, ENTER IN YES 🗌 MEDICAL NO C PART I OR PART II 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (a.g., in or about 21C. WHERE DID (II in Baltimora City, give exact location) INJURY OCCUR? homa, larm, factory, street, office bldg., DEATH (notify medical examiner) atc.) 21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last say the deceased alive on _____ _m. from the causes and an the date stoted above. and that in (my) (our) apinian death occurred at. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED ATTENDING PHYS. 0 MED. DIRECTOR STAFF PHYS. | 24A. BURIAL, CREMATION, 24B. DATE 24D. LOCATION (Stete) (City, town, or county REMOVAL (Specify) 25C. FUNERAL DIRECTO 25A. DATE REC'D BY HEALTH DEPT. **ADDRESS** 1966 VS 150

Such

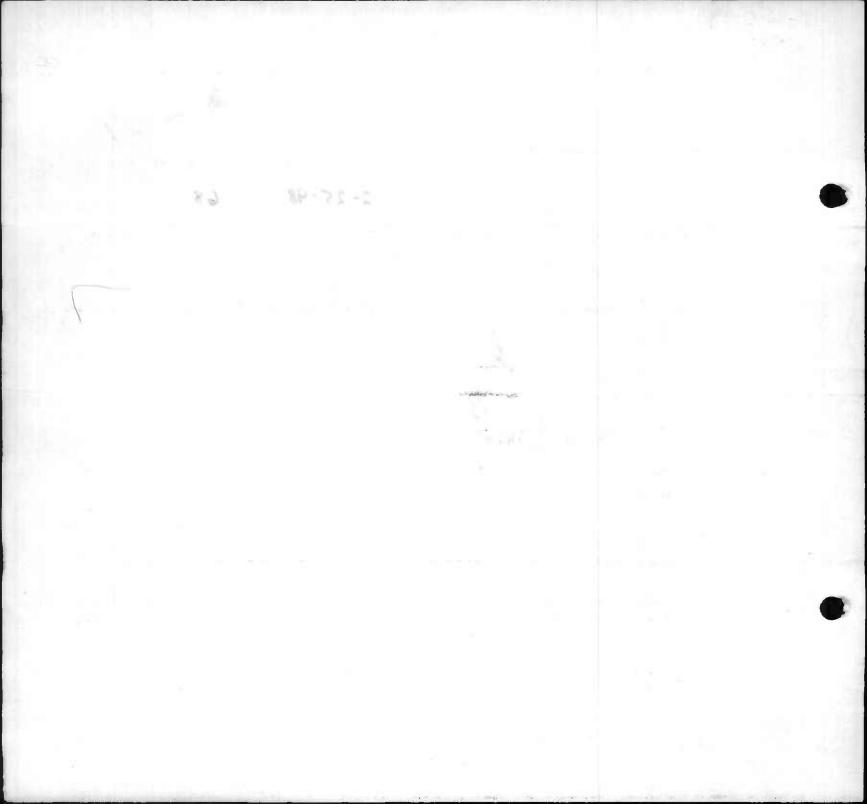
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0	11657	CEDTIE

66	11657	

BIRT	H NO.	66 1165	7	CERTIFICA	TE OF DEA	ATH Registered	No. 66 11657
	AME OF DEC	FASED		0=1111107		DATE AND HOUR OF D	EATL
	e or Print)		Do is to make				65
3. 1		ATH IN BALTIMORE, MA	RYLAND	-	4. USUAL RESIDEN	NOV, 17-	1966 II. M. M. i. If institution: residence before admission)
1	FULL NAME (HOSPITAL OR NSTITUTION	OF (If not in hospital oddress or location	or instilution, g	live street	A. STATE M. d. C. CITY OR TOWN	B. COUNTY	witte RURAL fond give township)
2					Baltimor	•	7 04
7	Bon	Secours	HOSP	ital	D. STREET ADDRES	SS (If rural, give location	Sin O
					4508 0	ld Frederick	K Rd. Apt. A - # 29
5. 5	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
h	nale	white		nied (specify)	2-25-9	8 lost birthdox)	Months Doys Hours Min.
		UPATION (Give kind of world			mild a for a	ote or foreign country)	12. CITIZEN OF
don	-	working lile, even if retired)	11100	l all a			WHAT COUNTRY?
10	GUA A	D- RET.	U. S. G	-00.		ton D.C.	V.SA.
13.					14. MOTHER'S MA	IDEN NAME	
	Charle	es murro	14		ELIZ	abeth	
15. (Ye	Was Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	YES	w.w. I		SECONIII NO.	Insi Sla	in me Cann	Hol Famfolder.
	1B. 24	0.11		CAUSE	F DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY		C. of	2.1	.11
		LEADING TO DEATH		(A)	Enteres	Myscardiels	refered. 12 dags.
		nal meon the mode of osthenia, etc. It means		DUE TO		/ /	
		mplication which coused		1	here no here	the CVD	10-0
		ANTECEDENT CAUSES		DUE TO	nous Louis	vac Cold	10/116
		OR CONDITIONS, if	,				
		e above couse (A) G CONDITION last.	stating the	(C)			
	ONDERETH						
ATION	TO THE D	IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING	ATED TO THE				
ERTIFIC	19A. DATE OF	F OPERATION 19B. CON WAS PER		VHICH OPERATION	20A. AUTOPSY?		WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
CALC	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medicol exominer)	21 B. home	PLACE OF INJURY (e.g., e, form, foctory, street, o	n ar about 21C. WHEI ffice bldg., INJURY O	REOLD (If in Bo	Amore City, give exact location)
MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Yeor)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
2	(APPROX.)		Whil	le At Not Whi			
	20 1					10 60	A 12 12 12
	ZZ. I certify	rinat (I) (this hospita	i) attended th	a deceosed from	1 10 11		Movembe 17 1966
) apinian death accurred an the date
		d fram the causes sta	ted above. (1)) (view the bady afte	r death.	
	23A. SIGNATI	Julson (Mex	M.D. Att	ending Med	i. Stoff Phys.	23B, DATE SIGNED Hoserste. 17, 1966
	23. PHYSICIA		//	1	23D. ADDRESS		
1	/			M.D.			
24/	BURIAL CRE	MATION, 24B. DATE	24C. NA	ME of CEMETERY of CR	EMATORY	24D. LOCATION	(City, town, or county), (Stote)

25C. FUNERAL DIRECTOR

1966 VS 150-REV. 1/1/65



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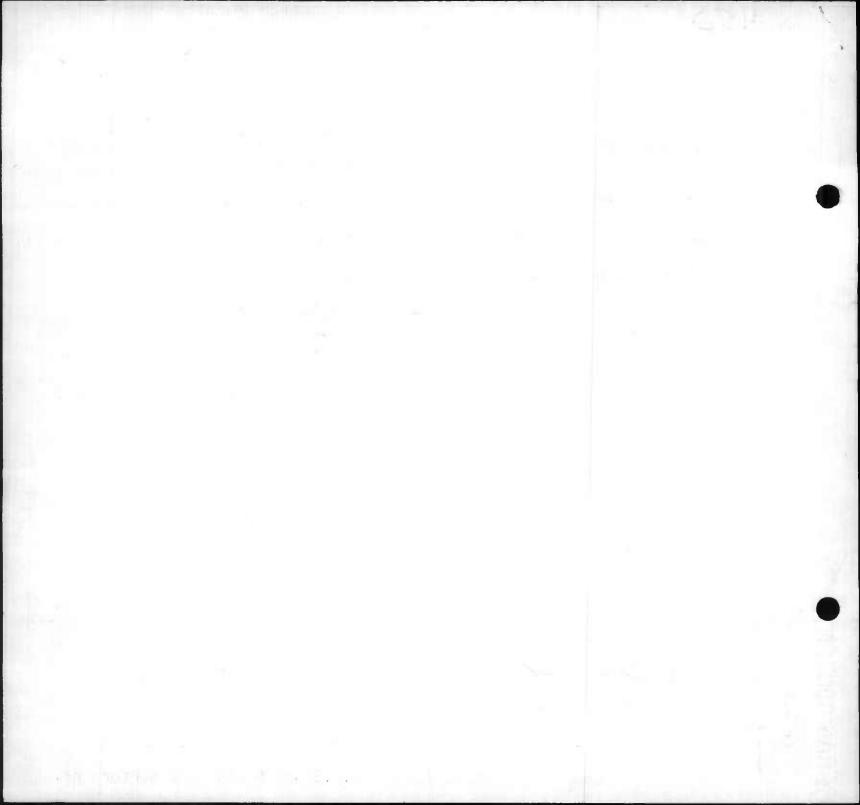
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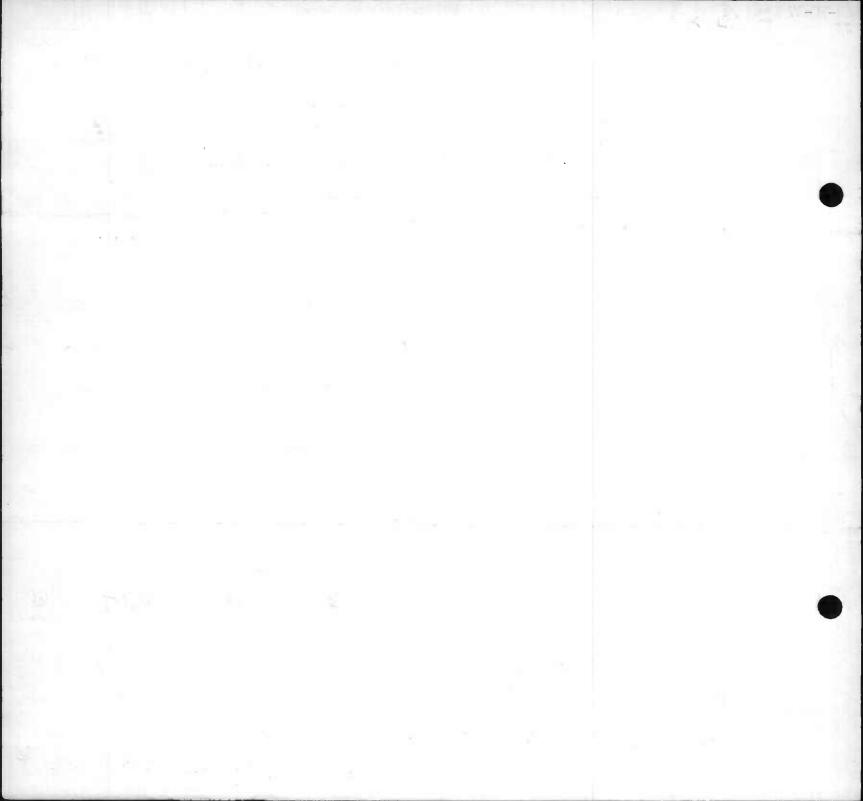
cause

or contributing

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH (4) Undetermined cause; (5) Deceased M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before admission)
A. STATE
8. COUNTY uo TREYOR E. WILLIAMS 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance FULL NAME OF (If not in hospital or institution, give street ARULAND ŏ HOSPITAL OR address at lacation) C. CITY OR TOWN (If autside city limits, write RURAL and give township) attend INSTITUTION BALTIMORE HUSPITAL prior D. STREET ADDRESS (If rural, give lacotion) 8104 HARFORD RD regular disposition is made. B. DATE OF BIRTH 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min. 5. SEX 6. RACE deceased WIDOWED, DIVORCED (specify) last birthday) SIN GLE 127/01 10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) USA RETIRED Crown Cork & Seal ENGLAND W as the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME JOHN SARAH WILLIAMS 0 death kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes,na oi unknawn) (If yes, give war at dates of service) 17. INFORMANT 6. SOCIAL ADDRESS final SECURITY NO. attendance Hosp, Records 215-16-2717 of any pronounced INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed CACHETIA LEADING TO DEATH ABOUT 2 MOS (This does not mean the mode of dying, e.g., 70 heort failure, osthenia, etc. It means the disease, injury or complication which coused death.) CARCINOMA OF in regul SIGNIVID CULUN who ANTECEDENT CAUSES Gre 4 DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the physician the remains UNDERLYING CONDITION last. **Body burns**; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the WAS PERFORMED CARLINGMA - SIGMOID COLON before 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact location) where OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) °Z MEDICAL any nature; obtained 21 E. INJURY OCCURRED 9 (Manth) (Day) (Year) (Haur) 21F. HOW DID INJURY OCCUR? (except ; and (6) OF INJURY Nat While While At (APPROX.) At Wark Wark ______19____and that in(my) (aur) apinlan death accurred an the date that (I) (we) last saw the deceased alive an.... death) hospital and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. accident 23A. SIGNATURE 23B. DATE SIGNED Med. Attending [Director 0 approval 0 23D. ADDRESS 23C. PHYSICIAN'S eceased prior ŧ NAME (Type) shows: (1) An HOSPITAL OMINSK D.O.A. 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) Baltimore, Maryland 11-23-66 Baltimore, Cemetery SD 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ₹ C.F. EVANS & SON 8802 Harford rd. VS 150-REV. 1/1/65

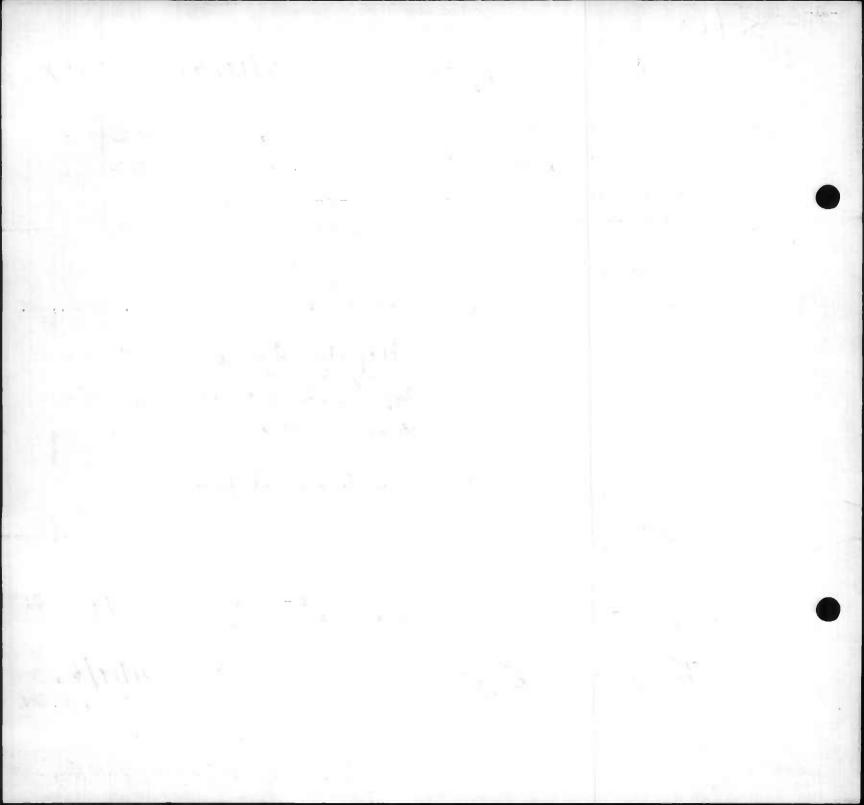


52	66 11659	1	BALTIMORE CITY	HEALTH DEPARTMENT		66 11659
M.E. CASE NO.			CERTIFICA	TE OF DEATH	Registered No.	00 11000
Type or Print)		7,4	HANLOTTE	2. DATE AN	10 HOUR OF DEATH	1440 P
3. PLACE OF D	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before adm
FULL NAME	OF (If not in hospital	ar institution, a	live street	MARYLAND	.,,	
HOSPITAL O	R address or location	n)			tside city limits, write	RURAL and give huwnship)
	BALTIMORE CI		LTALS	BALTIMORE		26-30
31	4940 EASTERN BALTIMORE, N		27.204		rurol, give tocotion)	
5. SEX	6. RACE		NEVER MARRIED		#21224 9. AGE (In years	
FEMALE	WHITE	WIDOWED	WED (specify)		lost birthdoy) 68	If Under 1 Yr. If Under Months Days Haurs
	of working life, even if retired)	KIUB. KIND OF	ROZINEZZ OK INDOZIKI	II. BIKIMPLACE (Stote or tore	(gn country)	12. CITIZEN OF WHAT COUNTRY?
				MARYLAND		U.S.A.
13. FATHER'S N	AME			14. MOTHER'S MAIDEN NA	ME	
JOHN RE	ITZ (Deceased))		ANN GLUTH (Dec	eased)	
15. Was Deceas	ed Ever in U. S. Armed Fo wn) (If yes, give wor or dot	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	will yes, give wor or or	C 3 01 3 E1 1 1 C 2 7	SECORITI NO.	RECORDS: BCH	4940 EASTER	N AVENUE #2122
1B. 3	Jun XI		CAUSE O	F DEATH		ONSET AND DE
DISE	ASE OR CONDITION DI		011	1 00 110 1 0 a - V	201.16	1
(This does	not mean the made of		(A) PU	Thon out E	MIDLUS	30 m m
heart failur	e, asthenia, etc. It mean amplication which cause	s the disease,				
Infory or c	ANTECEDENT CAUSE		(B) PHL	EBOTHROMBO	218	24 Hrs-
DICEACEC			DUE TO			
	OR CONDITIONS, if the above cause (A)		(C) ACUT	+ CHOIELI	OLECYSTI.	175
UNDERLYI	NG CONDITION last.		***************************************	+ CHOIELI	THIBSIS	
Z 0	11	CONTRIBUTE				
≥ TO THE	DEATH BUT NOT REL	ATED TO THE				
	OF TOPERATION 198, COL		HICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES. WERE	FINDINGS CONSIDERED
19A.DATE		REFORMED	1cm+c	YES	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIE	PENT WAS UNDERLYING	218.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID ffice bldg, INJURY OCCUR?		City, give exoct location)
DEATH (not	ify medical examiner	hometc.)	e, rurm, roctory, street, o	INJURT OCCUR?		
Q 21 D. TIME	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY			le At Not Whil			
	fy that (1) (this haspita	World also			10 10/	11/1-
			le deceased from	. 1 – / /	19 6 to	11/17 19
	e) last saw the deceas				at in (my) (our) api	nian death accurred an
23A, SIGNA		red above. (1	y (We) (did) (dld nat)	view the bady after death.		loop BATE CONTE
237.2101	MA HOW	XV	M.D. Atte	ending Med.	Stoff E	23 B. DATE SIGNED
226 11170	was som	MA	Phy	s. Director	Phys.	10///
23C. PHYSIC NAME	(Type)			23D. ADDRESS 4940 EAS	TERN AVENUE	#21224
	STUART	BEA	SILVETTE		TERN AVENUE	3
24A. BURIAL C		24C. NA	ME of CEMETERY OF CR	EMATORY 24D. L	OCATION (Ci	ty, town, or county)
REMOVAL	10000111. 123/1					. 1/ // . "//
	e Nw2	1966	Oak La	wn Ba	elto. In	a. XIXX
Buria	D BY HEALTH DEPT.	25B. NAME O	Value Sa FREGISTRAR	25C. FUNERAL DIRECTOR	elto. In	d. 2122 ADDRESS 3218 Hudson



46-81-05 DH

1	1 000	CD 11070		BALTIMORE CITY	HEALTH DEPARTMENT		00 1100	
	H NO.	66 11660		CERTIFICA	TE OF DEATH	Registered No.	<u>bb 1166()</u>	
1. N (Typ	AME OF DEC	Tohm	Kley	selka-	1/	119/66	5:30 1	
3. I	LACE OF DEA	TH IN BALTIMORE, MA	RTLAND		A. STATE B. COU	ere deceased lived, tf i NTY	institution: residence before offmissi	
1	ULL NAME O	F (If not in hospital oddress or location	or institution, g	give street	Maryland C. CITY OR TOWN (IF o	uteida citu fimite, uvita	PILPAL and give township)	
Baltimore City Hospitals					Baltimore		6-02	
-	21	4940 Easter				frurol, give location)		
\	21	Baltimore,				ntford Avenu		
5. 5	Male	White	Sep	NEVER MARRIED , OIVORCED (specify) parated	8. DATE OF BIRTH 2-16-12	9. AGE (In years lost birthdoy) 54	If Under 1 Yr. If Under 24 H Months Doys Hours Min.	
		JPATION (Give kind of worl working life, even if retired)	108. KINO OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Ohio	reign country)	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAM	AE			14. MOTHERS MAIDEN NA	AME		
		Frank			Barbara	1.		
15. (Ye	Wes Deceesed	Ever in U. S. Armed For	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No			235-18-1828	RECORDS: BCH	4940 Easter	n Ave. Balto., M	
	18. 5 8	7.71		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH	
		E OR CONDITION DI	RECTLY	1.1	42 4	\ A	ONSET AND DEATH	
		LEADING TO DEATH	1.3	(A)	apatic de hapatic co	arluce	94 hours	
		ol mean the mode of osthenia, etc. 11 means		DUE TO	Aposter Co	ma		
	injury or com	plication which caused	death.)	41	ragional ?	1 10-	1	
	,	ANTECEDENT CAUSES		(B) LAJOS	es gaetrante	atmost hem	whage I'm hour	
	DISEASES C	R CONDITIONS, if	any, giving	001	1 0.5	1		
		condition last.	slafing lhe	(C) 00-01	nness an	woon	years	
	011021121111	11						
N	OTHER SIGNI	FICANT CONDITIONS	ONTRIBUTING	3	-			
ATIO	TO THE D	EATH BUT NOT RELA	ATED TO THE	massing a	sectes and rem	al barbure		
ERTIFIC,	19A. DATE OF		IDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or P	10) 208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?	
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EDI					21 F. HOW DID IN	IJURY OCCUR?		
2	(APPROX.)		Whi	le At Not While	e 🗌			
	22 L certify	that (1) (this hasnita			r -26	10 6 6 40	11 /10 10 6	
	22. I certify that (I) (this haspital) attended the deceased from 5-26 19 66 to 1/19 19 66 that (I) (we) last saw the deceased alive an 1/19 19 66 and that in (my) (aur) apinion death accurred on the date							
				, ,			oinian death accurred an the c	
that (I) (we) last saw the deceased alive an							OOD DATE SIGNED	
	23A. SIGNATU	(2) A	4	M.D. Atte	ending Med.	Stoff A	23B, DATE SIGNED	
	Jen	y Ersel	Ha	Ann Phy	s. Director	Phys.	11/19/66	
	23 C. PHYSICIA	The l	6		23O. AODRESS			
		Y ERSEL GAGO	N	M.O.	BCH 4940 East	tern Avenue	Baltimore, Md. #	
24#	REMOVAL		24C.NA	ME of CEMETERY of CRE	MATORY 24D.	LOCATION	City, town, or county) (State	
	Muss	0 11-21-	66 Ba	eto · Nat.		mo.		
25/	. DATE REC'D	BY HEALTH DEPT.	258. NAME O	F REGISTRAR	25C. FUNERAL DIRECTO		A DORESS,	
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		i i	4 1.3	0 0 1	NI YIKING JOH	· //o produce	and Julio Budan	
VS.	150-REV. 1/1/	65	4 1,7	0 0 11 3	Village a	· Moppe	WC Caro suasi	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in	FUNERAL DIRECTOR: IMPORTANT the chief medical examiner or his assistant is	IMPORTANT or his assistant if death occurred in
the body was released to the hospital by a medical examiner. Also, if the direct or contributing	tal by a medical examiner.	Also, if the direct or contributing
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cau	9; (2) Body burns; (3) A fractur	e of any kind; (4) Undetermined cau
was D.O.A. at a hospital (except where the physician who pronounced death was in regular att	here the physician who pro-	nounced death was in regular att
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior	No physician was in regular	attendance on the deceased prior
written approval must be obtained before the remains are embalmed or final disposition is made.	before the remains are embal	med or final disposition is made.

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Burt.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 BIRTH NO. CERTIFICATE OF DEATH Such t or contributing cause of death Undetermined cause; (5) Deceased M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) OLDEWURTEL John uo 21-1966 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) ance deat Timits, write RURAL and give township) (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) attend 0 THERAN HOSPITAL OF MARVLAND prior D. STREET ADDRESS (If rurol, give location) or final disposition is made. in regular 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE 9. AGE (In years If Under 1 Yr. Months: Doys deceased WIDOWED, DIVORCED (specify) lost birthdoyl WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) done during most of working life, even if retired deat BALTE, TRAN MECHANIC S the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME O 4 3 EDWARD ACNES death no 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT SECURITY NO. attendance 213-10-0288 ITA MAMOLITO any pronounced DISEASE OR CONDITION DIRECTLY embalmed Post operative URE MIA LEADING TO DEATH fracture (This does not meon the mode of dying, e.g., 9 heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) JNTESTINAL OBSTRUCTION regul 0 ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the physician the remains UNDERLYING CONDITION IOSI. the chief medical Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 00 B 15-66 before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where (If in Boltimore City, give exact location) was released to the hospital °N MEDICAL DEATH (notify medical examiner) etc.) nature; obtained 21 D. TIME (except w ; and (6) (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved While At Not While [(APPROX.) Work At Work any 22. I certify that () (this hospital) attended the deceased fram... st 19. that (1)((we) last saw the deceased alive an 1002and that in (my) ((aur) pinian death accurred an the date pe death) hospital and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. accident 23A. SIGNATURE 23 B, DATE SIGNED Stoff Phys. Attending Med. M.D. 10 Phys. Director approval O 23D. ADDRESS 23 C. PHYSICIANES. prior at NAME (Type) 730 ASHBURTON ST. (LUTH. HOSP ANd. shows: (1) An M.D. D.O.A. 24A. BURIAL CREMATION. deceased (City, town, or county) the body REMOVAL (Specify) mo Was 25C. FUNERAL DIRECTOR 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR

If Under 24 Hrs. Hours Min.

Hours

12. CITIZEN OF WHAT COUNTRY?

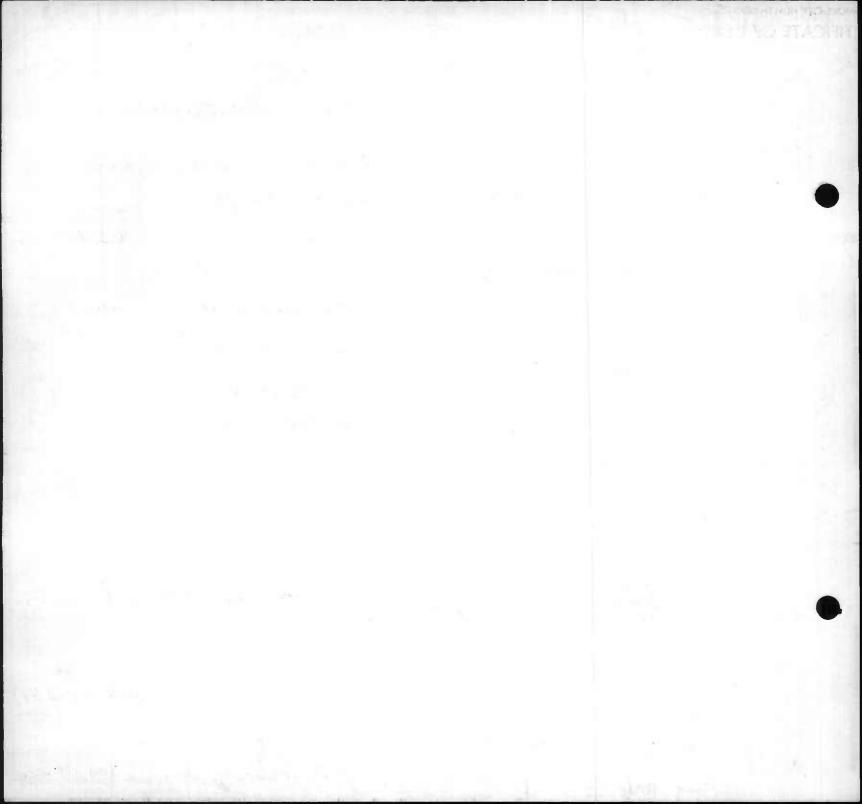
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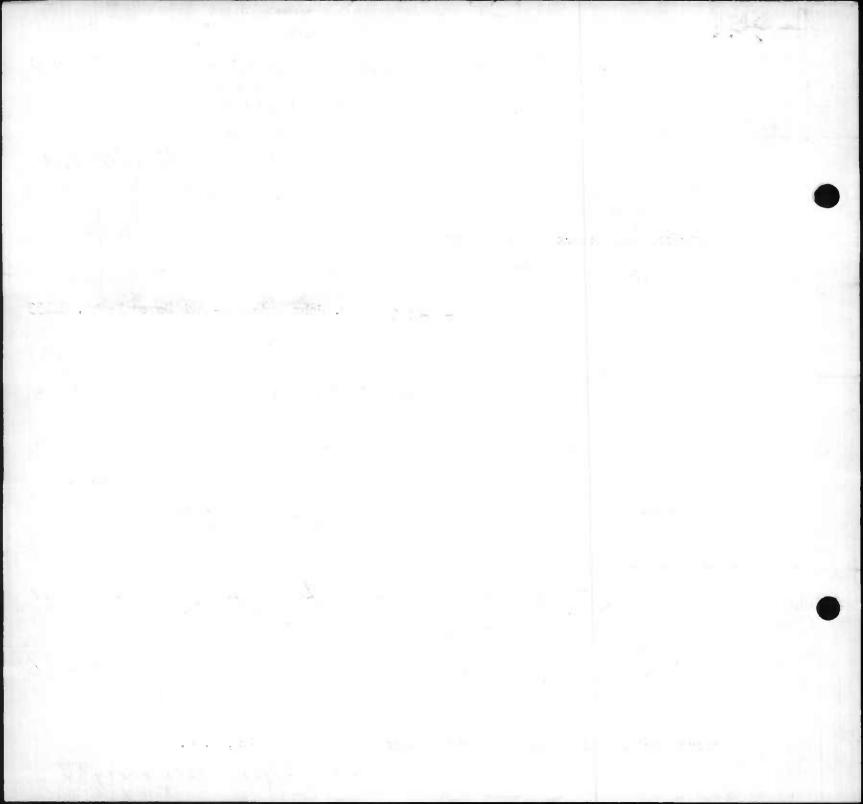
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	HEALTH DEPARTMENT 66 11663
MALE CASE NO. 66 11663 CERTIFICA	TE OF DEATH Registered No.
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type of Print) Anna M. Anderso	
3. PLACE OF DEATH IN SALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	Maryland Balta, Co.
HOSPITAL OK Oddress of locoffon)	C. CITY OR TOWN / (If outside city limits, write RURAL and give township)
mercy Hospilas	Kaltimore 33-00
137	D. STREET ADDRESS (If rural, give focation) 1213 Black Friaris Rd.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	O DATE OF BIRTH O AGE (In years If Hades 1 V. If Hades 24 His
WIDOWED DIVORCED (specify)	10-27-04 lost birthdoy 2 Manths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Salesclerk Stationary	Philadelphia, Pa. USA
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
George Williams	Ella Carlin
15. Was Decease Feer in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	i A
NB 217-12-871-7	Mr. John Anderson-8624 Dovedale Rd. 21133
60 10(3 (F DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	our than to toping days
Tims does not meen me made at dying, e.g.,	eumonia, thrombocytopenia days
heart failure, asthenia, etc. 11 means the disease, injury ar complication which caused death.)	
ANTECEDENT CAUSES (8) Lea	ert Failure, liver Failure days
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II WITH	wile spread metastasts Months
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE Gall	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g.,	n at about 21 C. WHERE DID (III/n Boltimare City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, factory, street, or DEATH (notify medical examinant)	ffice bldg., INJURY OCCUR?
O 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
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22. I certify that (I)(this hospital) ottended the deceased from	19 66 10 11 19 10 .
that (1) (we) last sow the deceosed alive an	
and hour and from the couses stated above. (1) (We) (did) (did nat)	view the body ofter deoth.
R.J. Y A M.D. AH	ending Med. Stoff J 11-17-14
23C!PHYSICIAN'S	23D. ADDRESS
Richard David Shuger M.D.	mercy yospital
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CR	EMATORY 24D. LOCATION (City, town, or caunty) (State)
25A. DATE REC'D 8Y HEALTH DEPT. 25B. NAME OF REGISTRAR	Camden, N. J.
25A. DATE REC'D 8Y HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 22 1966 OF C. S. Tavera	Profing Dyers 8728 Liberty NO
VS 150-REV. 1/1/65	Randa 11s town



REMOVAL (Specify)

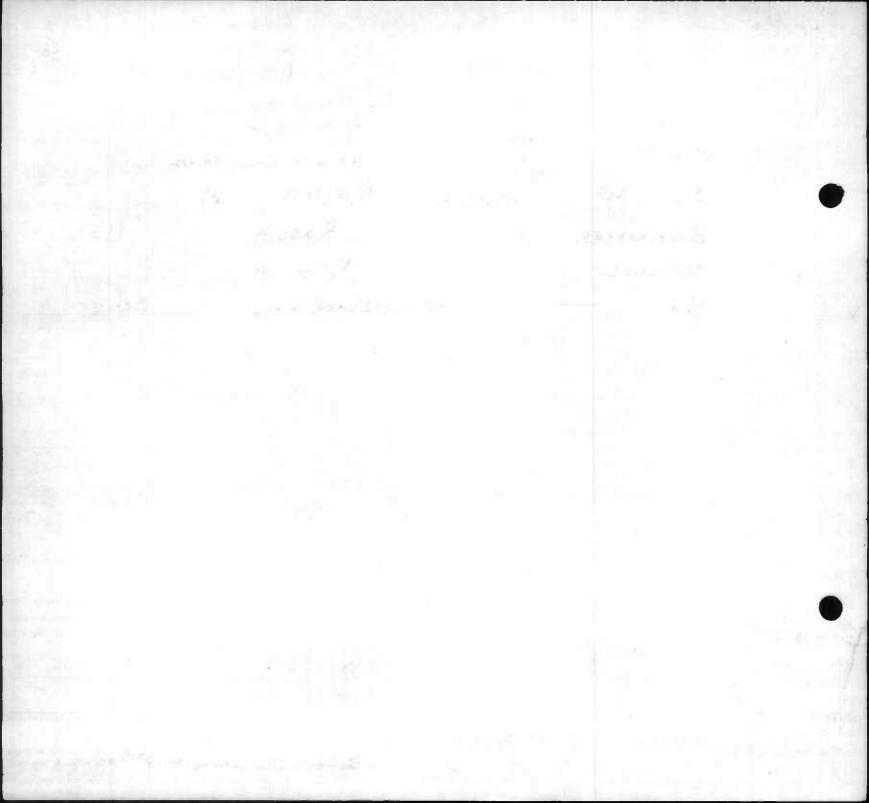
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	BALTIMORE CITY	HEALTH DEPARTMENT		00 1100
BIRTH NO. 66 11664	CERTIFICA	TE OF DEATH	Registered Na.	66 11664
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Type or Print) (1) OLF PAL	EES	Nac	Pl colors	19661 6:30 PN
. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived. If in	stitution: residence before admission)
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HOSPITAL OR oddress or tocotion)		C. CITY OR TOWN (If a	utside city limits, write	RURAL and give township)
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HOIL W. COLDSPRING			rural, give lacation)	
	RRIED, NEVER MARRIED	HOIG W. CE	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
WID	OWED, DIVORCED (specify)	9/15/1899	last birthday)	Manths Days Haurs Min.
IA, USUAL OCCUPATION (Give kind of work 108, KIN	OIDOWED OF BUSINESS OR INDUSTRY		eian cauntry)	12. CITIZEN OF
one during most of warking life, even if retired)		0		WHAT COUNTRY?
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FATHERS NAME		0		
MITCHEL	12.7	ReBecch	}	ADDRESS
. Was Deceased Ever in U. S. Armed Farces? es,na ar unknown) (If yes, give wor or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	215-05-2477	ELINOR PALCE	5	SAME
18. 260 XI	CAUSE C	F DEATH		ONSET AND DEATH
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heart failure, asthenia, etc. It meons the dis injury or camplication which caused death.)		many Thom The Herrice ather Melle	er, dise	in HC
ANTECEDENT CAUSES	(B)	ann Melle	· tur	
DISEASES OR CONDITIONS, if any,	DUE TO			
rise to the above cause (A) stating	the (C)	& Kin Telen	on	
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OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.	O THE			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or h	IN CERTIFYING CA	FINDINGS CONSIDERED
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OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, factory, street, c	in or obout 21C. WHERE DID iffice bldg., tNJURY OCCUR?	(If in Boltimo	re City, give exact tocotion)
DEATH (notify medical examiner)	etc.)			
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(APPROX)	While At Work At Work			
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that (1) (we) last saw the deceased alive	an now	19 19 6 le and 1	hat in (my) (our) ap	inian death accurred an the da
and hour and fram the causes stated abo	ve. (I) (We) (did) (did not)			
23A. SIGNATURE				23B. DATE SIGNED
N/6. Nxe	dli M.D. Att	ending Med. Director	Stoff Phys.	120v. 21/66
23C. PHYSICIAN'S NAME (Type) N.E. NEEL		23D. ADDRESS	2 /:	1
NAME (Type) N.E. NEF	71 F M.D.	421161	anke Hosts	Morine
	4C. NAME of CEMETERY of CR	EMATORY 24D.	LOCATION (C	City, town, or caunty) (State)

1 ISRAEL BALTIMORE
25C. FUNERAL DIRECTOR
Sphan S Jewisd Sony INC. 3319 25B. NAME OF REGISTRAR BURIA ADATH NOV 22 19 O'HMPLA GO VS 150-REV. 1/1/65



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			A. STATE B. COUN		
	L NAME OF (If not in hospital ar institution,	give street			
	SPITAL OR address or location)	+1	C. CITY OR TOWN (If gut	side city limits, write R	UPAL Ind give township)
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11	11			ural, give location)	1 17
Lafe	6		1340 MG	wher stree	1:11
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tóà. US	SUAL OCCUPATION (Give kind of work 10 B. KIND O	F BUSINESS OR INDUSTR			12. CITIZEN OF
	uring most of working life, even if retired)			,	WHAT COUNTRY?
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	THER'S NAME		14. MOTHER'S MAIDEN NAM		
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	s Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	,		ADDRESS
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MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered

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3/	Baltin	nore Cit	y Hosp	oitals		D. STREET		urol, give locotion) ddlesex Road		2 3=0 0
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IOA.	SUAL OCCU	IPATION (Give k vorking life, even			BUSINESS OR INDUSTRY	11. BIRTHPL	ace (Stote or 6	oreign country)		EN OF IT COUNTRY?
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MEDIC	INDERLYING TING CAU	CAUSE WAS CONTRIB- SE OF DEATH.		etc.)	PLACE OF INJURY (e.g., form, foctory, street, of Street TE. INJURY OCCURRED	1	N. Marli	of in Boltimore City, given a Avenue, Bal		
(.	F INJURY APPROX.)	11 19	'66	P ". V	VHILE AT NOT VORK	WHILE X	Driver	of auto which	ran o	off roadway.
		FR'S	tural cau	ses A	Suicide M.D.	CHIE	micide F MEDICAL T MEDICAL	Undetermined manner EXAMINER EXAMINER EXAMINER EXAMINER EXAMINER EXAMINER EXAMINER		DATE SIGNED 11/20/66
	BURIAL CREADVAL (Specify	MATION, 23B.	DATE	S. Pet	C. NAME OF CEMETERY O	CREMATO	23	D. LOCATION (City,	town, or c	county) (State)
24A.	Burial DATE REC'D	BY HEALTH D	11/23/ EPT.		t. John's Cemor REGISTRAR		INERAL DIREC		rginia	ODRESS
VS 1	51-REV. 1/1/6	NOV 2?	1966	000	C. Y. MA	Bruz	dzinski	Funeral Home	1407	Eastern Ave.

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (3) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made.
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			RURAL and give township)
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OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	n country)	12. CITIZEN OF WHAT COUNTRY?
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OR WHICH OPERATION	20 A. AUTOPSY? Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
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etc.)			·
21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
While At Not While	le 📉		
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re. (1) (We) (did) (did nat) v	view the bady after death.		
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11	p1 1	Houses V	Han
1. 4/M M.D.	Cheuch	11 and T	ex ory.
C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (C	ity, tawo, ar county) (State)
			4.2
c. Name of CEMETERY of CR Oak Lawn Cemete Me Of REGISTRAR		timore Co.	4.2
Oak Lawn Cemete	Bal 25C. FUNERAL DIFFEREN	timore Co.	Md.
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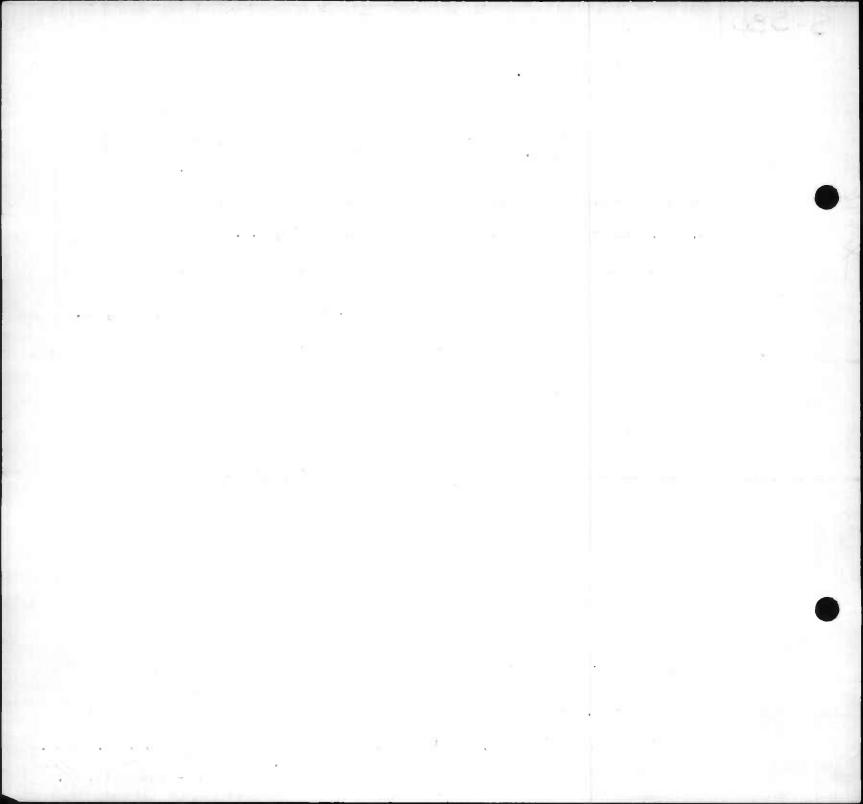
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

NOV VS 150-REV. 1/1/65

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

				BALTIMORE CITY	HEALTH DEPARTMENT		66 11670
	TH NO.	66 1167	()	CERTIFICA	TE OF DEATH	Registered No.	00 11.070
1, N	AME OF DECE	ASED		<u> </u>	2. DATE AND	HOUR OF DEATH	115
	e or Print	grompa		smith.	nor	18 19	66 3 I P.M.
3. F	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	Υ	titution: residence befare admission)
F	FULL NAME OF HOSPITAL OR INSTITUTION	F (If not in hospital address or location	or institution,	give street	Maryland c. City or Town (II outs	Baltimore ide city limits, write RI	City URAL ond give township)
		333 North Cl		St.,	Balt. imo re	4-0/	
1	00	Baltimore, 1	4d.		333 North Ch	ar les St.	
5. \$	EX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH 9	. AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Doys Hours Min.
164	male	white		owed	10/11/93 11. BIRTHPLACE (State or foreign	73	12. CITIZEN OF
don		vorking life, even if retired)		at e	Sioux City, S.		WHAT COUNTRY?
	FATHER'S NAM				14. MOTHER'S MAIDEN NAM		
	DeWitt	Smith			Kate(last name	unknown)	
15. (Yes	Wos Deceased s, na ar unknown)	Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no			unknown	Mrs.Elizabeth D	orsey Bal	timore Md.
	1B. / 5	3 6		CAUSE O	F DEATH		ONSET AND DEATH
		E OR CONDITION DI	RECTLY	Cal	remares of	oslon-	3-4-11-
	heart failure,	of mean the mode of asthenia, etc. It means plication which caused	the disease,		and the same of		f Francis
		ANTECEDENT CAUSES		(B)			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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ATION	TO THE DI	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING	TED TO TH	1P - 29 //	congestive le	aut failin	
ERTIFIC	19A. DATE OF	OPERATION 198. CON WAS PER		WHICH OPERATION	20 AUTOPSY? (Yes or No)	20B. F YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
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MEDIC	21 D. TIME OF INJURY	(Manth) (Doy) (Year)		ile At Not Whi	21F. HOW DID INJU	JRY OCCUR?	
	22	that (1) (this beauty				0/2/20 1/1	1-1, 10 101-1
	22. I certify that (I) (this haspital) attended the deceased from July 19 6 to 10 11 19 6 to that (I) (we) last sow the deceased alive on 11 12 15 and that in (my) (our) opinion death occurred on the date						
	and hour and	from the couses sto	ted obave. (l) (We) (did) (d id nor) v	view the body after deoth.		
	23A. SIGNATU	RE /	/			c	23B. DATE SIGNED
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	23C. PHYSICIA NAME (T	M'S ype			23D. ADDRESS	1	+ 1000
	H	Harry B. Scot	t	M.D.	12/ Mede	nd Uit	+ MANY
244	REMOVAL (S	MATION, 248. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24D. LC	CATION (Cit	y, lown, or county (Stote)
	Burial		66 St		tery	nnapolis	A.A. Co. Md.
254	A. DATE REC'D	ST HEALTH DEPT.	258, NAME	OF REGISTRAR	Beverley . Ho		why E. Hoppins
	100 001/ 1/1/	VOV 22 1966	100	K.E. into May 101	Z HOPPING FUNER	AL HOME - A	nnapolis, Ma.



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

the body was released to the hospital by a medical examiner.

was D.O.A. at a hospital (except where

Also,

the physician who pronounced

if the direct or contributing cause of death

attendance on the

regular

death

	Graham Ma	rtin Harman	II/20/66 4. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY	If institution: residence before admis
- 1	FULL NAME OF (If not in hospital HOSPITAL OR oddress or location	or institution, give street on)	3747 St. Margarte s Sc. CITY OF TOWN (If outside city limits, w	Street rite RURAL ond give township)
4	3 South Beltimore	General Hospital	D. STREET ADDRESS (If rurol, give locotion 3747 St. Margaret 's St	
5. S	SEX 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) Married	B. DATE OF BIRTH 9. AGE (In years lost birthday) 64	If Under 1 Yr. If Under 24 Months: Doys Hours M
		10B, KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Plainer Operator	Lumber Co.	Baltimore , Md.	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
16 1	Graham Martin Harm Was Deceased Ever in U. S. Armed Fo		Anna Coonan	A = 2 2 2 C
(Yes	s, no or unknown) (II yes, give wor or dot	es of service) 1 6. SOCIAL SECURITY NO.		ADDRESS
	No. 18. 2. 4.	212 07 9248	Mrs. Lenora Harman 3747	St. Margaret's St
	DISEASE OR CONDITION DI	BECTLY /		ONSET AND DEAT
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CAL CERTIFIC	(This does not mean the made a heart failure, asthenia, etc. It means injury or complication which causes ANTECEDENT CAUSE. DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT RELDISEASE OR CONDITION CAUSING TO THE DEATH SIGNIFICANT OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	ONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING in or obout 21C. WHERE DID (II in Bolt)	ERE FINDINGS CONSIDERED
ICAL CERTIFIC	(This does not mean the made a heart failure, asthenia, etc. It means injury or complication which causes ANTECEDENT CAUSE. DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT RELDISEASE OR CONDITION CAUSING TO THE DEATH SIGNIFICANT OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	ony, giving sloting the (C) CONTRIBUTING ATED TO THE IT. NOITION FOR WHICH OPERATION REFORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WI IN CERTIFYING in or obout 21 C. WHERE DID (II in Bolti office bldg., INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
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MEDICAL CERTIFIC	(This does not meen the made a heart failure, asthenia, etc. It means injury or complication which causes ANTECEDENT CAUSE. DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING. 19A. DATE OF OPERATION 19B. COI WAS PEI CAUSE OF DEATH (notily medical examines). 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examines). 21D. TIME (Month) (Doy) (Yearly (APPROX.).).	ony, giving slating the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REFORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E, INJURY OCCURRED While At Not White At Work At Work Not	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING in or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ile	ERE FINDINGS CONSIDERED CAUSES OF DEATH?

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such witten approval must be obtained before the remains are embalmed or final disposition is made.
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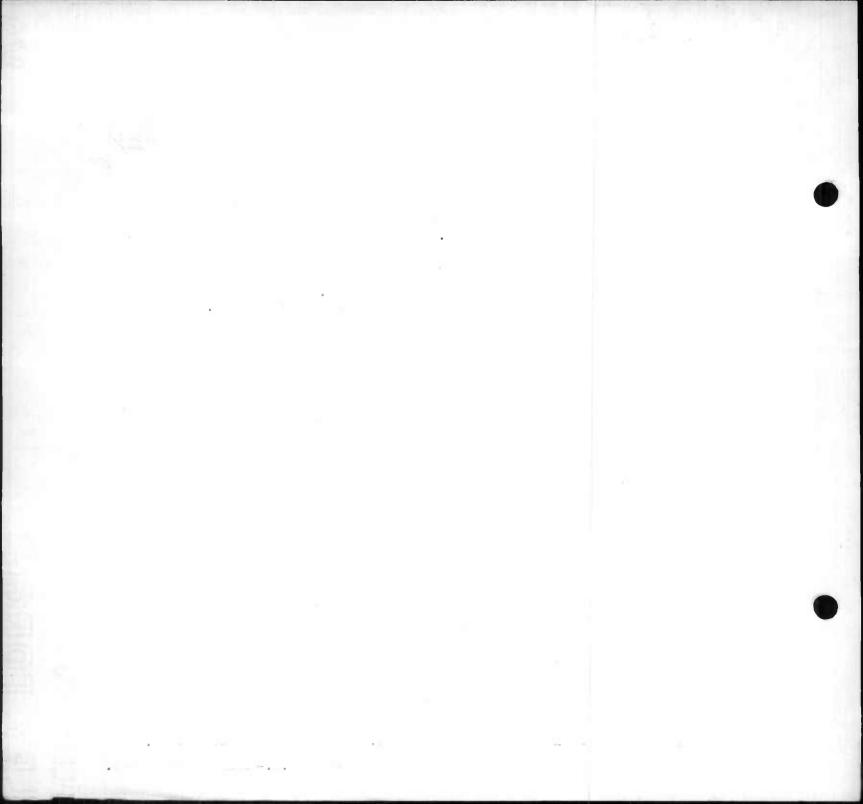
00 1100	BALTIMORE CIT	Y HEALTH DEPARTMENT	1	6.11		
BIRTH NO. 66 11672	CERTIFICA	ATE OF DEATH	Registered Na.	66 11672		
M.E. CASE NO. 1. NAME OF DECEASED		2, DATE AND	HOUR OF DEATH			
(Type or Print) ARMIGER. NE	LLIE C -	NOVE	MBER 18.	1966 9:50A M		
3. PLACE OF DEATH IN BALTIMORE, MARYLA			deceased lived. If in	stitution: residence before admission)		
		MARYLAND	•	m 04. ()		
FULL NAME OF (If not in hospital ar in HOSPITAL OR address or location)	stitution, give street	Control of the contro	ide city limits, write f	RURAL and give lawnship)		
INSTITUTION		BALTIMORE 2	1220	53-00		
ST. AGNES	HOSPITAL		ral, give lacation)	33-00		
40		#2 RED GATE	COURT			
5. SEX 6. RACE 7. /	MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr. If Under 24 Hrs.		
FEMALE WHITE	ARRIED (specify)	11-20-16	49	Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of wark 10B. done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?		
HOUSEWIFE	NONE	MARYLAND		U.S.A.		
13. FATHERS NAME		14. MOTHERS MAIDEN NAM	E			
CHARLES PACUNAS		KATHERINE DAN	ITELS			
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL			2239004		
(Yes, no or unknown) (If yes, give wor or dotes of NONE NONE	SECURITY NO.	Clarence H Armi	SPITAL RE	Redgate Cir.		
18. 10 = 9	CAUSE	OF DEATH		INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECT	·LY	11 1		ONSET AND DEATH		
LEADING TO DEATH	(A)	Astrocyto	Ma			
(This does not mean the mode of dy heart failure, asthenia, etc. It means the						
injury or complication which coused dea						
ANTECEDENT CAUSES	ANTECEDENT CAUSES (B) DUE TO					
DISEASES OR CONDITIONS IT any	DISEASES OR CONDITIONS, if any, giving					
rise to the above cause (A) stating the (C)						
UNDERLYING CONDITION last.						
, II						
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TRIBUTING TO THE					
		Too A	000 15 150			
WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	USES OF DEATH?		
21A. ACCIDENT WAS UNDERLYING	fall	No	III '. B. Is'			
OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)		office bldg., INJURY OCCUR?	iit in Baltimore	e City, give exact location)		
21D. TIME (Month) (Doy) (Year) (H	our) 21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?			
OF INJURY (APPROX.)	While At Work Not Wat Work					
		NOVEMBER 11	66, NOV	EMBER 18 10 66		
22. I certify that (I) (this hospital) at						
that (I) (we) last saw the deceased o	live an ITOY LINDLIK TO	19and tho	t in(my) (our) api	nian death accurred an the dat		
and haur ond fram the causes stated	above. (I) (We) (did) (did nat)					
23A. SIGNATURE				23B. DATE SIGNED		
Wall Bur	M.D. A	ttending Med.	Stoff Phys.	11/18/66		
23C. PHYSICIAN'S		23D. ADDRESS				
AZMEET BORROMEO, MD	• •	ST. AGNES HOS	P; CATON &	WILKENS AVES.2		
24A. BURIAL CREMATION, 24B. DATE	24C, NAME of CEMETERY of C	REMATORY 24D 10	CATION (Ci	ty, town, or county) (State)		
REMOVAL (Specify)		240, 10	CALIFOR (C)	17. 10 WIL OF COUNTY! [31016]		
Burial 11-21-66	Lake View Mem.		altimore, M	d		
NOV 22 1966	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Witzke F.D. 74.		ADDRESS		
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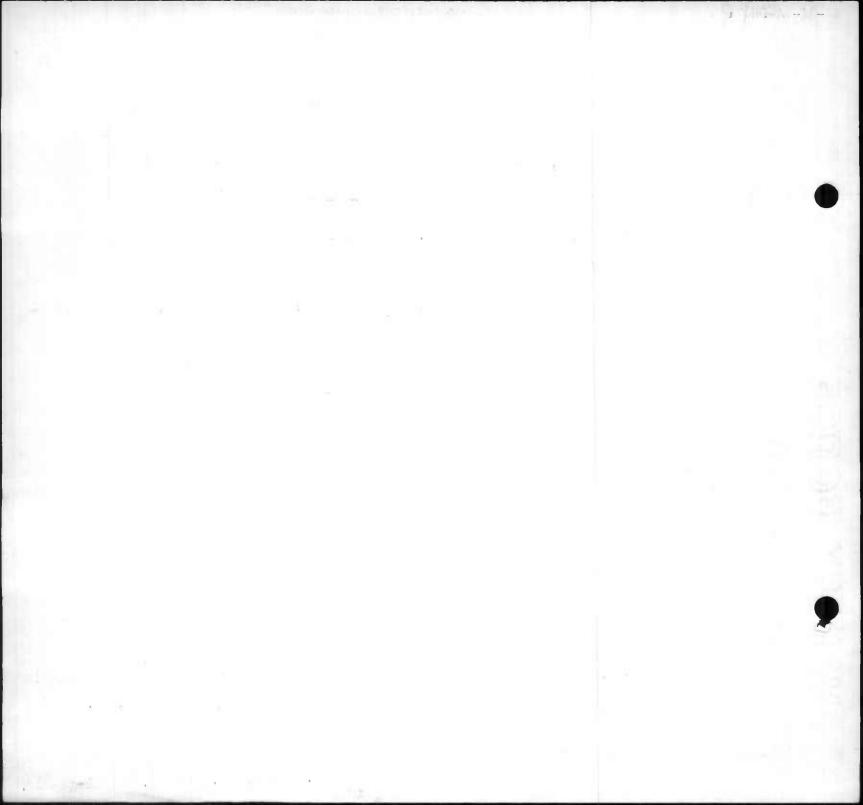
1/1	-652 66 11673	BALTIMORE CITY HE	EALTH DEPARTMENT		66 11673
77	BIRTH PIO,	CERTIFICAT	E OF DEATH	Registered Na.	00 11070
	M.E. CASE NO. 1. NAME OF DECEASED	110000		HOUR OF DEATH	
- 11	(Type or Print) FRANK AUGUST			8-66	1:26 Am.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		. STATE B. COUNT		tution: residence before odmission)
	FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location)	street	IVI VI	lto.	
	INSTITUTION		Balkinoz		RAL and give township!
6	37 MERCY HOODIT	n		rol, give location)	27
6	3 MERCY HOOPIT	J	118 Nathingh	om Rd.	# 7
E	5. SEX 6. RACE 7. MARRIED, NE WIDOWED, D	VER MARRIED IVORCED (specify) 6	DATE OF BIRTH 99	AGE (In years ost birthdoy) 5 3	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
tion is ma	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU			n 1	12. CITIZEN OF WHAT COUNTRY?
disposition	done during most of working life, even if retired) Baltimor Product Health	ept.	Maryla	nd	u.s.
	13. FATHER'S NAME	1 (MOTHERS MAIDEN NAM	E Kanlu	
	FRANK ALLGERT HO	RNIE DI		7	ian.
- 11	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	SOCIAL 17.	Mrs. Ola "Peg	gy" Hornig	ADDRESS
			518 Nottingha	am Rd.	
5	1B.	CAUSE OF C	alline Holes	nt	ONSET AND DEATH
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A cest	E Pulmo mary	Edema	
E	(This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease,	DUE TO			
200	injury or camplication which caused death.)	Caup.	estive Heart occredial in	- tailing	
0	ANTECEDENT CAUSES	DUE TO	A . A .	^	
3	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the	(c) My	occredial in	farction	
2	UNDERLYING CONDITION last.			(
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
- 11	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
	U 21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., in o	r obout 21 C. WHERE DID	(If in Baltimare C	City, give exact location)
		form, foctory, street, office	e bldg., INJURY OCCUR?		,,
	O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN	JURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	While (APPROX.)	At Work			
	22. I certify that (1) (this haspital) attended the		11-11-66	Pta	11-18 1066
	that (1) (we) lost saw the deceased alive on	11-18	19.66 and the	t in (my) (aur) opinio	an death occurred an the date
	and haur and from the causes stated above (1)		1		
	23A. SIGNATURE			2	3B, DATE SIGNED
	Hallan & Withinson	M.D. Attendi	ing Med. Director	toff thy s.	11-18-66
	23 PHYSICIAN'S NAME (Type)	230	O. ADDRESS		1
	JEPHAN J. WITTI	MANN M.D.	MEL	eg Hos	P.
	REMOVAL (Specify)	E of CEMETERY of CREM	ATORY 24D. LO	CATION (City,	town, or county) (State)
		don Park Cem.		Baltimore, Mo	
Written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF 1	-	Witzke F.D4	101 Edmonds	on Ave.
-	BILLY Z.G. MIND (RG (Z. STC Z.	LENG VERSON THE	2 7 63 63 6	1	· ·



be approved by the chief medical examiner or his assistant if death occurred in a hospital and	y was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	tal (except where the physician who pronounced death was in regular attendance on the
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FUNERAL DIRECTOR: IMPORTANT

	e or Print) LOWS KIXLOGO	11/20/46	17:15 P
3. PL	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If ins	titution; residence before admiss
FI	ULL NAME OF (If not in hospital or institution, give street	Maryland	
H	OSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RI	DRAL and give township
	Baltimore City Hospitals	Baltimore	-6-4-C
	4940 Eastern Avenue	D. STREET ADDRESS (If rurol, give location)	
	Baltimore, Maryland #21224	362\$ Roberts Place #212	
5. SE	Mala White WIDOWED, OIVORCED (specify		If Under 1 Yr. If Under 24 Months Doys Hours Mi
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	4-12-1896 70	DO CITIZEN OF
	during most of working life, even if retired)	SIKI III. BIKINFLACE (Store of foreign country)	12. CITIZEN OF WHAT COUNTRY?
	achine perator (ont'l (an (o.	Maryland	USA
13. F	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William Rixham	Anna Hammer Bach en	
15. W	Was Deceased Ever in U. S. Armed Forces? The or unknown (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	WW1 yes WW1 215-01-80	003 RECORDS: BCH Baltimore,	Maryland #2122
1	18. 3 3 / X CAU	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C 1 0 1/0 01	
	(This does not mean the mode of dying, e.g., OUE TO	Cenebral Hemanhage Anterio Solenosis	2113
	heart failure, osthenio, etc. It meons the disease, injury or complication which coused death,)	1	
	ANTECEDENT CAUSES (B)	Hutenia Schnosis	
	DISEASES OR CONDITIONS, if ony, giving		
	rise to the obave couse (A) stoling the (C)		
	UNDERLYING CONDITION Iosi,		
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONOITION CAUSING IT.		
	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FI	NDINGS CONSIDERED
CERTIFIC	WAS PERFORMED	NO IN CERTIFFING CAU	SES OF DEATH!
5	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (home, form, factory, streetc.)	e.g., in or obout 21C. WHERE DID (If in Boltimore et, office bldg., NJURY OCCUR?	City, give exact locotion)
0	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
3		While Work	
	22. I certify the (1)(this hospital) attended the deceased from		JOU 20 19 4
		O 19 66 ond that in (my) (our) opin	
	and hour and from the couses stated above (1) (We) (did) (did in		ton decili occurred on the
II L	23A. SIGNATURE	ioi, view the body offer deoff.	23 B, DATE SIGNED
	1) 10 als 2:0, ~ m.o.	Attending Med. Staff Phys. Director Phys. X	A 1
	23C.PHYSICIAN'S	Phys. Director Phys. (A.)	Nov 20,19
	NAME (Type)		more, Md. #2122
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY o		, town, or county) (Sto
0	REMOVAL (Specify)		
	Surial 11/23/66 Oak Lawn (eme	etery Baltimore, Mary	yland
25 A		John A. Moran, Inc. 3000	



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66 11675 BALTIMORE CITY	HEALTH DEPARTMENT	CC 1300
BIRTH NO. CERTIFICA	TE OF DEATH Registered	No. 00 11673
M.E. CASE NO.		
1. NAME OF DECEASED (Type or Print) Katie Palacor 0/1	2. DATE AND HOUR OF DE	1255 P M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY	. If institution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN Alf outside city limits,	vrite RURAL only ois township)
20 Muneral.	D. STREET ADDRESS (If sugot, give locotio	
	903W. Vane	_ SE 30
WIDQWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)		WHAT COUNTRY?
mone more) hole	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Vincent Palocaralla	- Genevi	eve lugare
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT Colors	ADDRESS /
10	Time.	in all the second
18. A S O I CAUSE OI	DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)	etastale adenve	ucumer
(This does not mean the made of dying, e.g., DUE TO heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.)	***************************************	

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18.	CAUSE OF DEATH INTERVA ONSET A	AND DEATH
(This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	er de de armenta la se de carina de de de de armenta la secución de carina de
ANTECEDENT CAUSES	(B) DUE TO	
DISEASES OR CONDITIONS, if ony, giving rise to the abave couse (A) stoling the UNDERLYING CONDITION last.	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		

ATION	TO THE DEATH BUT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
RTIFIC	19A-DATE OF OPERATION	19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	21A. ACCIDENT WAS UND OR CONTRIBUTING CAUS DEATH (notify medical exami	CP OP	21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)		(If in Boltimore City, give exoct locotion)				
MEDI	21D. TIME (Month) (Do OF INJURY	y) (Yeor) (Hour)	21 E. INJURY OCCURRED While At Not While	21 F. HOW DID INJU	RY OCCUR?				

	218, PLACE OF INJURY (e.g., in or about home, form, factory, street, office bldg., etc.)		(If in Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY O	CCUR?

that (1) (we) lost saw the deceased alive an and that in (my) (our) opinion death accurred on the date

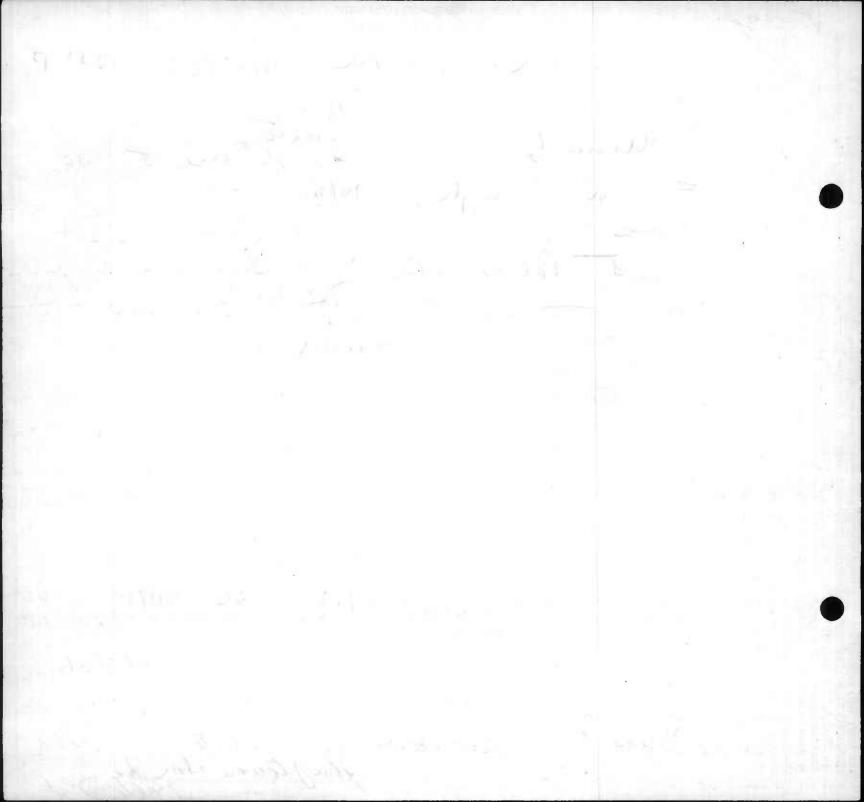
ond hour ond from the	e cause:	s stoted obove. (I) (me) (did) (did	not) view the body offer death	1.	
23A. SIGNATURE George	D.	Low rever M.C	Attending Med. Phys. Director	Stoff Phys.	11/19/66
23 C. PHYSICIAN'S	_		23D. ADDRESS	5.4	

	23C. PHYSICIAN'S NAME (Type)	D.	Lawrence M.D. 23D.	Moderate	Hozekel
24 A	BURHAL CREMATION,	24B. DATE	24C. NAME of CEMETERY OF CREMAT	ORY 24D. LOCATION	(City, fown, or county)

(Stote)

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ner or his assistant if death occurred in a hospital and	-	-	pronounced death was in regular attendance on the	lar attendance on the deceased prior to death. Such
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-	2	0	no	#
0	-	IFE	-	0
0	7	cture of any kind; (4) Undetermined cause; (5) Deceased	Pro	9
	w	-	14	

CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 30 AM 5 LIEE 19 66 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY A. STATE Maryland FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) CITY OR TOWN (If outside city limits, write BURAL and give township) D. STREET ADDRESS (If rurol, give location 320 eswick disposition is made. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy) Months Doys Hours 6 ndow 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Marylan USA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Illan 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS or final (Yes, no or unknown) (If yes, give wor SECURITY NO. Same INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.) regu the chief medical exami ANTECEDENT CAUSES who Gre DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the physician the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 208. IF YES, WERE FINDINGS CONSIDERED 0 IN CERTIFYING CAUSES OF DEATH? obtained before by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where (If in Boltimore City, give exact location) to the hospital å MEDICAL DEATH (notify medical examiner) etc.) nature; (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX) and Work At Work any 22. I certify that (1) (this haspital) attended the deceased from death); 19 6 6 that (I) (we) lost sow the deceased alive on.... and that in (my) (our) opinion death occurred on the date of hospital and hour and from the couses stated above () (We) (did) (didnot) view the body after death. the body was released must accident 23A. SIGNATURE 23B. DATE SIGNED ttending Med. Stoff 10 approval Director _ ō 23C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) 10 M.D. eceased 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 0.0 REMOVAL (Specify) shows: SID BY HEALTH DEPT. 25B NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

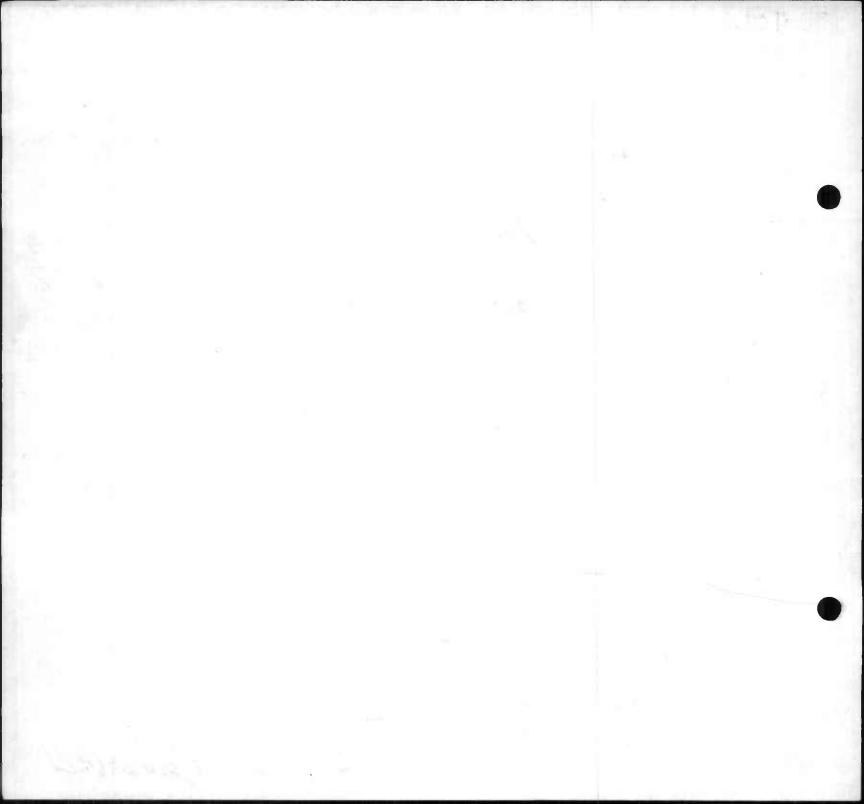
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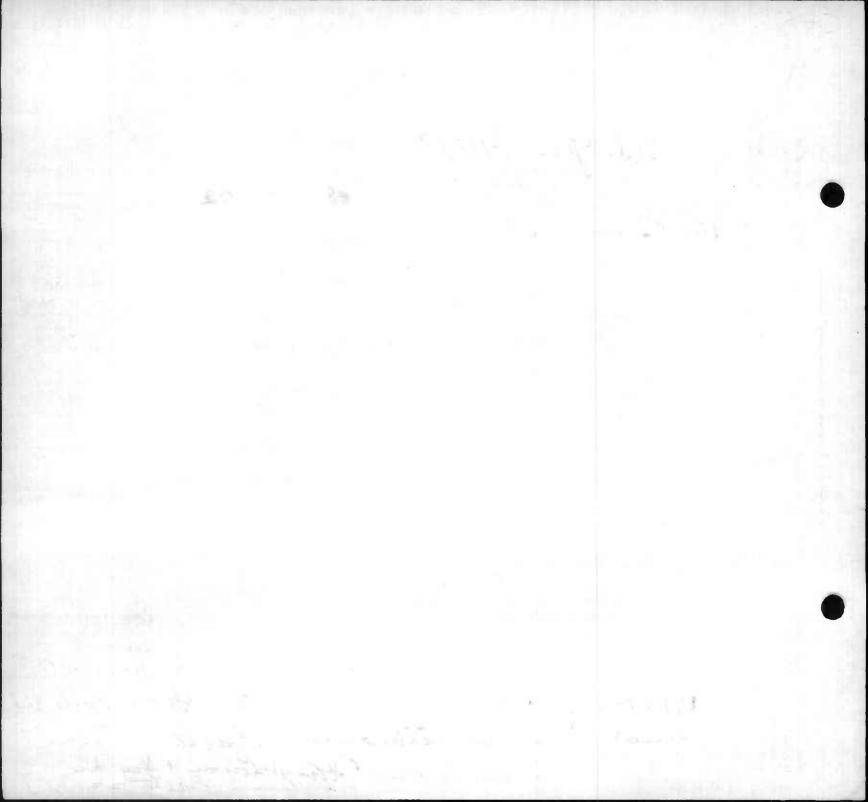
BALTIMORE CITY HEALTH DEPARTMENT							
	BIRTH NO. 66 11677 CERTIFICA	ATE OF DEATH Registered No	66 11677				
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) MARIE RUBY	2, DATE AND HOUR OF DEATH	4:30 Alu				
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If ins A. STATE B. COUNTY	titution: residence before admission)				
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR goddress or location)	MARGLAND BA	17MORE				
	INSTITUTION SINAL HOSPITAL OF	C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
	4 5 BAETTHORE	D. STREET ADDRESS (If rurol, give location) 1/20 (0. 380 Street					
	5. SEX F 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WOLDOWED	8. DATE OF BIRTH 7-7-01 9. AGE (In years lost birthday) 65	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT	ADDRESS				
	215 07-6767	HOSPITAL ADMISSIE	N SLIP				
		DF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	Umoray Edema					
	heart failure, osthenia, etc. It means the disease,						
	ANTECEDENT CAUSES (B)						
	DISEASES OR CONDITIONS, if ony, giving						
	rise to the obove couse (A) stoting the (C)		1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?				
	21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltimore sffice bldg., INJURY OCCUR?	City, give exact location)				
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?					
	22. I certify that (1) (this hospital) attended the deceased fram	10 10 00	N. 19 19 64				
	that (11) (we) last saw the deceased alive an / men-bus	19 19 Cl and that in (my) (aur) apin	ian death accurred on the date				
	and haur and from the causes stated above. (1) (We) (did) (did not)	view the bady after death.	23B. DATE SIGNED				
	M.D. AH	tending Med. Stoff ys. Director Phys.	Nov. 19 1960				
	23C. PHYSICIANS NAME (Type)	23D. ADDRESS	14, 1404				
	H. SAHACHTER. M.D.						
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CT	24D. LOCATION (City	y, town, or county) (State)				
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25e- FINSRAL DIRECTOR	MA ADDRESS II				
	NOV 22 1966 12 09 5 8 30 0 mg	- Frank It Sort 8	14 W3 6 K, DA				

VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

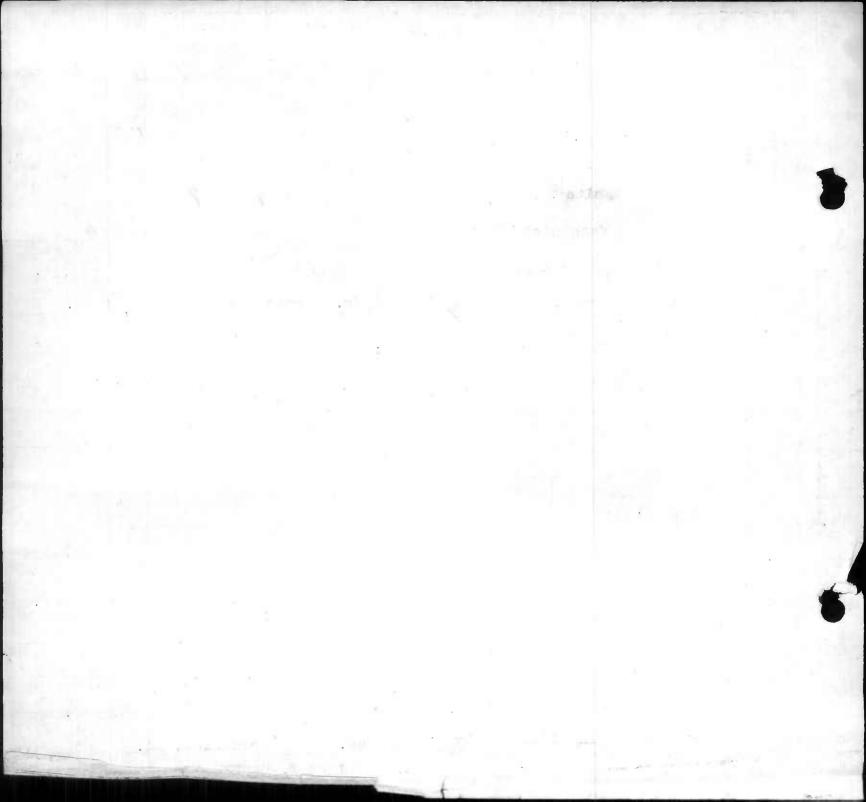
00 14000	BALTIMORE CITY	HEALTH DEPARTMENT		66 11678
BRTH NO. 66 11678	CERTIFICA	TE OF DEATH	Registered No.	00 11078
M.E. CASE NO. I, NAME OF DECEASED Type or Print) PAUL P.	CUMMIN		HOUR OF DEATH	GG1 1020A
PLACE OF DEATH IN BALTIMORE, MARYLAND				ution: residence before admission
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location) INSTITUTION	give street	C. CITY OR TOWN (If outs	ide city limits, write RU	AL and give township)
12 Md. Gen - K	tos		urol, give locotion)	ave.
M NOWE	D, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH , 9	ACE ()	F Under 1 Yr. If Under 24 H Nonths Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 8, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
5. Was Deceased Ever in U. S. Armed Forces?	MMINGS	FLURE	ENCE n	MRPHY
Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	V. T	RKosky	mo Ho
18. 10 9 1	CAUSE C	F DEATH	, a rostu	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	Ò.A.	2001010 1000	1-2-	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g.	107	OBABLE META	14 ATTE CTVC	C/WOMIT -
heart failure, asthenia, etc. It means the disease injury at camplication which caused death.)	t _e	PRIMARY		11.1
ANTECEDENT CAUSES	(B)	PRIMARY	UNRNO	W /V .
DISEASES OR CONDITIONS, if any, giving				
uise to the above cause (A) stating the UNDERLYING CONDITION last,) (C)	W 406 60 50 50 50 50 50 50 50 50 50 50 50 50 50		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.	NG HE CHRONI	C PRDNCHITIS	JEMBY/4	SEMA
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		20A. AUTOPSY? (Yes or No)		DINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	me, form, foctory, street, c	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hour) 21	(hile At Not Whi		JRY OCCUR?	121
22. I certify that (I) (this haspital) attended	the deceased from	1	9to	19
that (I) (we) lost saw the deceased alive on		19and tha	it in(my) (aur) opinio	
ond hour and from the causes stated above.	(I) (We) (did) (did not)	view the body after death.		OD DAYS SIGNED
Lenneth R Kuskin	M.D. Att		Stoff Phys.	11 - 20 - 66
23C. PHYSICIAN'S NAME (Type)	KIND W M.D.	23D. ADDRESS	Real Hos	2 - Latt.
REMOVAL (Specify)	NAME OF CEMETERY OF CR	EMATORY OP 24D V	OCATION ICIN	town, or County) (State
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C FUNERAL DIRECTOR	Dakk	ADDRESS
NOV 99 1000 A 0 0	0 7 0	() ()	1	1



00 4	1000	BALTIMORE CITY	HEALTH DEPARTMENT		00 110
M.E CASE NO.	1679	CERTIFICA	TE OF DEATH	Registered No	66 11679
I. NAME OF DECEASED			2. DATE AN	D HOUR OF DEATH	
(Type or Print) 3. PLACE OF DEATH IN BA	TYERS, TH	IGMAS WI	LLAM NOV. 14. USUAL RESIDENCE (Where	18, 1966	13230 p
S. FEACE OF DEATH IN DA	CHAOKE MAKICAND		A. STATE B. COUN	TY	filulion; residence before compassion
FULL NAME OF (IF IN HOSPITAL OR INSTITUTION	not in hospital ar institution, ress ar lacotion)	give street		Raltimore side city limits, write-A	JRAN give township)
Tranklin	Square Hos,	nital	Baltimore		01
- /	1		D. STREET ADDRESS (If r	ural, give locotian)	
136			726 Light	Street	
5. SEX 6. RACE	7. MARRIED WIDOWE	, NEVER MARRIED D, DIVORCED (specify)		ast birthdoy	If Under 1 Yr. If Under 24 H Manths Days Haurs Min.
IOA, USUAL OCCUPATION		F RUSINESS OR INDUSTRY	SINTHPLACE CHANGE	61	12. CITIZEN OF
done during most of working life,	even if retired)		A / 5 / 6	a I	WHAT COUNTRY?
Retired	lachinist Shi	pyard	Maryla	nd	4.5,9
13. FATHERS NAME	4 .		14. MOTHER'S MAIDEN NAM	A E	
11 then	- Myers		ELIZAR	3 = 174	
15. Was Deceased Ever in U		1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, na ar unknown) (If yes, gi	ve wor ar dates of service)	SECURITY NO.	Mn Ramand	Marone Moc	Titable Ct
	34.44 T	210981	Mr. Bernard	myers 726	
18. / 3 3 , 5		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	NDITION DIRECTLY	C-	and an in the		
	TO DEATH The mode of dying, e.g.	(A) DE	pticemia	>>>>> 0 + + + + + + + + + + + + + + + +	
heort foilure, osthenio,	etc. It means the disease				
injury ar camplication		Cox	DMARIE MO COL	4. Cold rolls.	
ANTECED	ENT CAUSES	DUE TO	onary in suf	preservey	
	OITIONS, if ony, giving		1.20 CA 0101	chance	
UNDERLYING CONDI	cause (A) stating the ION lost.	(C)	ion (n. ena	siage	**************************************
	11			· ·	
O OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION				
TO THE DEATH BU	IT NOT RELATED TO TI	18			
19A. DATE OF OPERATIO		WHICH OPERATION	20A. AUTOPSY? (Yes at Nat	20B. IF YES, WERE FI	NDINGS CONSIDERED
NOV. 14, 19	66 WAS PERFORMED			IN CERSIFFING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS U	NDERLYING 21	B. PLACE OF INJURY (e.g., in	ar about 21 C. WHERE DID	(If in Baltimare	City, give exact lacation)
OR CONTRIBUTING C			ice ologi, indoki occok:		
D 21D. TIME (Month)	(Day) (Year) (Haur) 21	, INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
S OF INJURY		hile At Nat White		oki occok.	
(APPROX.)		ark Al Wark			
22. 1 certify that (1) (this hospital) attended	the deceased fram	Vember 10 1	9 66 to NOV	lmber 14 196t
that (1) (we) last saw	the deceased aliva an.	November 1	8, 19 66 and the	it in (my) (aur) apin	ian death accurred an the c
			iew the bady after deoth.		
23A. SIGNATURE /)	Cadada aldied dooye.	// (ne/ (did/ (did ndf/ V	ion the budy dilet debin.		23B, DATE SIGNED
23h. SIGIVATORE	4 Non Ri	C M.D. Atte	nding Med.	Staff	A A A
Sar	y sal IX	Phy:	s. Director	Phys.	NOU. (8, 1966
23C. PHYSICIAN'S NAME (Type)	/		3D. ADDRESS		7
		M.D.			
24A. BURIAL CREMATION,	24B. DATE 24C.N	AME of CEMETERY OF CRE	MATORY 24D. LC	CATION (City	, town, or county) (State
REMOVAL (Specify) Burial	11/21/66 R	nales C			
		ocky Spring	Com.	ederick, h	ADDRESS
25A. DATE REC'D BY HEAL	2 1966 13 7	E STA Daniel			
HOT A	- 1000 III CAN	1 C' MONOCON MA	JOHN F. DE	NNY TNC	715 Titcht 9+

VS 150-REV. 1/1/65

JOHN F. DENNY, INC. 715 Lifeht



was D.O.A.

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CERTIF

MEDICAL

21 D. TIME OF INJURY

(APPROX.)

2SA. DATE REC'D BY HEALTH DEPT.

of death

hospital

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attendance

BALTIMORE	CITY	HEALTH	DEPARTMENT	ſ
DALIMORE	CILI	HEALIH	DELWELLI	ı

Registered Na.

66 11680

BIRTH NO.	-66	116	38
M.E. CASE N	10.	and the City	
1. NAME OF	DECEASE	D	

CERTIFICATE OF DEATH

2. DATE AND HOUR OF DEATH

1.		0	
41	20	P.	0.4
 1 0	20	1 1	rv.

RICHARD B. FIELDS 3. PLACE OF DEATH IN BALTIMORE MARYLAND

4622 Rokeby Road

November 10

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

FULL NAME OF

White

(If not in hospital ar institution, give street Maryland address or location)

16. SOCIAL

C. CITY OR TOWN (If outside city limits, write RURAL and give township)

Widowed

Baltimore D. STREET ADDRESS (If rural, give location)

B. COUNTY

4622 Rokeby Road

5. SEX 6. RACE

MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify)

last birthday Apr. 29,1887

If Under 24 Hrs. Manths Days Hours 12. CITIZEN OF

10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) dane during mast of working tife, even it retired) Machinist Manufacturing

Maryland

WHAT COUNTRY? USA

ADDRESS

If Under 1 Yr.

13. FATHER'S NAME

(Type or Print)

HOSPITAL OR

INSTITUTION

Male

William Fields

S. Was Deceased Ever in U. S. Armed Farces

14. MOTHER'S MAIDEN NAME

Sallie Pearce

17. INFORMANT

-	No	til yes, give war or doles at service	215-09-1092	Helen L.	Fields,	1327	Weldon	Ave	Balto	2121
		I E OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF	erteriose	levotic				RVAL BETW ET AND DE	
	heort foilure,	of meon the mode of dying, e.g., osthenio, etc. It meons the disease,	DUE TO	modes	Vasen	lan				

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH

21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, larm, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)

(If in Baltimare City, give exact lacotion)

Director

(Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED

While At

21 F. HOW DID INJURY OCCUR? Nat While At Wark

22. I certify that (I) (this hospital) attended the deceased from

that (I) (we) lost saw the deceased alive an... and that in (my) (our) apinian death accurred on the date

and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A, SIGNATURI

Wark

23C.PHYSICIAN'S NAME (Type)

23D. ADDRESS

M.D.

4116 Edmondson Avenue Baltimore, Md

Stoff

Dr. Harry Knipp 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) Druid Ridge Cemetery 21 Nov 66

24D. LOCATION

Pikesville, Balto Co. Md. 25C. FUNERAL DIRECTOR ADDRESS Balto Md ls Rd

23B. DATE SIGNED

VS 150-REV. 1/1/65

11/29/66 - Letter from Harry L. Knipp, M.D. - dated 11/28/66. Richard Fields was promoted pronounced dead on Thursday, November 17, 1966 at 4:30 p.m. (did)

- (-)	66 11681 BALTIMORE CITY HE	EALTH DEPARTMENT 66 11681
2002	CERTIFICATI	E OF DEATH Registered No.
se th	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
000 LO	(Type or Print) CTOLDIE L. NORRIS	NOV. 17, 1966 10:45 A M.
of de) Decea ice on eath. S		USUAL RESIDENCE (Where deceased lived, If institution; residence before admission). STATE B. COUNTY
use ; (5) danc	FULL NAME OF (If not in hospital ar institution, give street hOSPITAL OR oddress or location)	Maryland City or Town Itf outside city limits with RURAL and give township)
se;	INSTITUTION	Baltimore
ing cause cause; (5) attendanc rior to dec	33	STREET ADDRESS (If rurol, give location)
	The Johns Hopkins Hospital	816 North Fremont Avenue
ontribut ermined regular eased p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. I WIDOWED, DIVORCED (specify)	DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
reg reg	Female Negro Married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11.	8 IRTHPLACE (State or foreign caunity) 12, CITIZEN OF
dec	done during most of vorking life, even if retired) Motel	itts Co. N. C. WHAT COUNTRY?
		MOTHER'S MAIDEN NAME
direct 1, (4) U 1h way on the dispos	Charles Ringold	Clara Joyner
- O = O -	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknawn) (If yes, give war or dotes of service) 16. SOCIAL SECURITY NO. 214-05-0829	INFORMANT ADDRESS
		Joseph Norris 816 N. Fremont Aug
f any inced endar d or f	DISEASE OR CONDITION DIRECTLY	DEATH INTERVAL BETWEEN ONSET AND DEATH
Also noun atte	LEADING TO DEATH	
5 2 5 2 5	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
	ANTECEDENT CAUSES (B) MA	NUTRITION / MO.
A Y D O	DISEASES OR CONDITIONS, il any, giving	NOMA OF PANCRETS 6 MOS.
S T. T. Se	UNDERLYING CONDITION last.	
- L S & F	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
y bu	TO THE DEATH BUT NOT RELATED TO THE	
od od	WAS PERFORMED 7	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
(2) B ere to phy efore	D 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY 10.9, in or	obout 21 C. WHERE DID (If in Boltimore City, give exact location)
- 0 - 0	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, form, factory, street, affice etc.	bidg., INJURY OCCUR?
the hospital iny nature; except whe and (6) No obtained be	21D. TIME (Month) (Doy) (Yeor) IHour) 21E. INJURY OCCURRED OF INJURY While At Not While	21F. HOW DID INJURY OCCUR?
ho na na d ((APPROX.) While At Work Not White	
any (exc ; and	22. I certify that (1) (this haspital) attended the deceased fram Note	19 66 to NOV 17 19 66
수수무근학		19. 4.6. and that in(my) (our) apinion death accurred an the date
dent of lospital death) must be	and haur and fram the causes stated above. (1) (We) (did) (did nat) view	w the bady after death. 238. DATE SIGNED
lea ide hos d	Tougotten I Gardner M.D. Attending	
ac ac br		ADDRESS
y was r 1) An a 3.A. at d prior approv	Timothy J. Gardner	The Johns Hopkins Hospital
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMA	ATORY 24D. LOCATION (City, town, or county) (Stote)
ws: D.C	barial 11-21-66 Arbutus Mem-	PR. Palto, Md.
the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR NOV 2.2 1966 P. D. F. E. Fallinger.	Non al Chatman or 1701 Mc Cullon St.
	VS 150-REV. 1/1/65	with the trainman ye. 110 111 with the

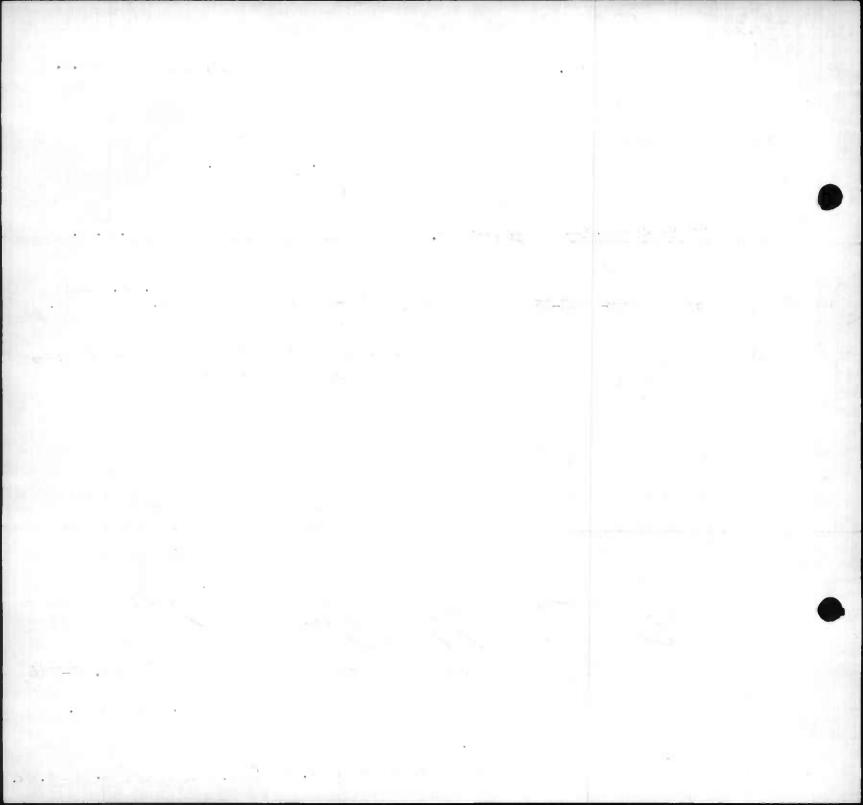


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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	בים בים
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BALTIMORE CITY HEALTH DEPARTMENT 66 11682 Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO.

1, NAME OF DECEASED
(Type or Print) 2. DATE AND HOUR OF DEATH November 20, 1966 Tee W Panth T Dalla

3. P	LACE OF DEA	ATH IN BALTIMORE, M					deceosed lived. If in:	stitution: residence before admission)
						B. COUNT		
H	ULL NAME O	(If not in hospita address or lacoti	l ar institution, on)	give street		(If outs	ride city limits wite B	RURAL and give lawnship)
П	NOTTUTION	01 -1 -1		_	Baltimor		1224	TO WALL ON O GIVE TO WITSHIP!
	35	Church Home	& Hospit	al	D. STREET ADDRES		urol, give location)	1 (0)
					805 S. R	obins	on St.	1-01
5. S	_	6. RACE		D, DIVORCED (specify)	B. DATE OF BIRTH	9	ost bigtadoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	ale	White	Marri	.ed	2/4/21		45	
done	during most of	working life, even if retired		F BUSINESS OR INDUSTRY	Maryland		gn country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.
	ATHERS NA	k operator	Huber	roid Co.	14. MOTHER'S MAI		A E	0. D. A.
	William							
		Ever in U. S. Armed F	015007	16. SOCIAL	Carrie	COOKS		to. Mdapores 224
Yes	na orunknown	Army 1942	tes of service)	SECURITY NO. 214-03-5125		erine		S. Robinson St.
	18. 4 12	0.01		CAUSE O	F DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION D LEADING TO DEATH	_	1	To -	0	7.	e-L
-		nol meon the mode o	of dying, e.g.,	DUE TO	Heart	a w	rec	52 45
Н		osthenio, etc. It meon aplication which cause			Heart	our	exact	
		ANTECEDENT CAUSE	S	(B)				
	DISEASES (OR CONDITIONS, if	any, giving					
		e obove couse (A G CONDITION lost.	stoling the	(C)				
	0110211111	11						
ATION	TO THE D	IFICANT CONDITIONS FEATH BUT NOT REI CONDITION CAUSING	LATED TO TH					
ERTIFIC /	19A. DATE OF	OPERATION 198. CO		WHICH OPERATION	NO	fes or No)	208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
O	21A. ACCIDE OR CONTRIBL DEATH (notify	NT WAS UNDERLYING UTING CAUSE OF medical examiner)	21 l hor etc	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of .)	n or about 21 C. WHER	E DID CCUR?	(If in Baltimore	e City, give exoct locotion)
EDI	21 D. TIME OF INJURY	(Month) (Doy) (Yeo	n) (Hour) 21 E	INJURY OCCURRED	21F. HOW	DID INJU	JRY OCCUR?	
8	(APPROX)		W	hile At Not Whil	e _			
	22. I certify	that (I) (th is hospit	attended	the deceased fram	3-22-1	6/ 1	91a/	1-19 1966
				1 1	-	and the		nian death accurred an the date
				1) (We) (did) (dld nat) v				
	23A. SIGNATU		, , ,					23B, DATE SIGNED
		1111	600	2 M.D. Atte	ending Med. s. Direc	for .	Stoff Phys.	Nov. 21-1966
	23C. PHYSICIA	INS // U	000		23 D. ADDRESS			
	110.112	Wyman Wong	7	/ M.D.	3209 Old	North	Point Rd.	Dundalk, Md.
24A	BURIAL CRE	MATION, 248, DATE		AME of CEMETERY OF CR				ly, town, or county) (State)
]	Burial	11/25	6/66 Ba	lto. National	Cemeterv		Bal	timore, Maryland
25A	. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL E			ADDRESS
	7	VOV 2.2 1966	1.0.0F	E Fallinin	John J.	Duda	Inc. 2829 H	udson St. Balto. Me
VS	150-REV. 1/1/	65						



ECTOR: IMPORTANT Examiner or his assistant if death occurred in a hospital and xaminer. Also, if the direct or contributing cause of death) A fracture of any kind; (4) Undetermined cause; (5) Deceased who pronounced death was in regular attendance on the regular attendance on the deceased prior to death. Such are embalmed or final disposition is made.	dical examiner or his assistant if death occurred in a hospital and ical examiner. Also, if the direct or contributing cause of death rns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased sician who pronounced death was in regular attendance on the was in regular attendance on the deceased prior to death. Such mains are embalmed or final disposition is made.	FUNERAL DIRECTOR: IMPORTANT y the chief medical examiner or his assistant if death occurred in a hospital and ital by a medical examiner. Also, if the direct or contributing cause of death re; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased where the physician who pronounced death was in regular attendance on the No physician was in regular attendance on the deceased prior to death. Such before the remains are embalmed or final disposition is made.	approved by to the hospital of any nature; (all (except where), and (6) No be obtained be
FUNERAL DIR the chief medical e I by a medical e (2) Body burns; (3) are the physician physician was in sfore the remains	FUNERAL roved by the chief me ie hospital by a med y nature; (2) Body bu kcept where the phy and (6) No physician o	0 9 5 2	This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must b

1		66 1168	3 - 3	BALTIMORE CITY	HEALTH DEPARTMENT		66 11000
BIRT	H NO.	00 1100	30	CERTIFICA	TE OF DEATH	Registered No	00 11000
	CASE NO.	MET IF THE C	. JOHNS			D. HOUR OF STATE	
	e or Print)	melva	1 /s	usn	116	LO LO	10 P M
3. P	LACE OF DEATH IN	BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (When	TY	titution: residence before admission)
H	ULL NAME OF IOSPITAL OR NSTITUTION	(If not in hospital address or lacation		give street	C. CITY OR TOWN (If au	side city limits, write RL	JRAL ond give tawnship)
il	8				D. STREET ADDRESS (If	rural, give lacation)	DALK 53-00
/	mer la	und aren	il the	exital	6812	1 / 1 /	ave. 21222
5. SI	Male 6. RAC	White		D, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
	during most of warking		Labore		11. BIRTHPLACE (State of forei	gn country)	12. CITIZEN OF WHAT, COUNTRY?
12	SETCE S	na	Tabore	r	14. MOTHER'S MAIDEN NA	7, 10,00	CC3.71.
13. [W.S.	Jahr	s-		Lover	ally	
15. V (Yes,	Vos Deceased Ever in na ar unknawn) (If yes	Army	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18. 44. 30. 1	I		CAUSE O	F DEATH	ctan	INTERVAL BETWEEN ONSET AND DEATH
		CONDITION DIE	ECTLY		0		1/ 1/ /
	(This does not me	ING TO DEATH	duine ee	(A)	repair 1- com	02162	11166 40
	hearl failure, asther	ia, elc. Il means	the disease		sepsie 1- Com	se undetern	ninal
	injury or complication	an which coused EDENT CAUSES	death.)	(B) (2', M40 Car	difer un?	2
	DISEASES OR CO			DUE TO			***************************************
	rise la lhe aba UNDERLYING CON	ve cause (A)			mural To	humbus	
1							
NO	OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTIN	IG			
ATION	TO THE DEATH	BUT NOT RELA	TED TO TI	4E			
	19A. DATE OF OPER	ATION 198. CON WAS PERI	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
AL C	21A ACCIDENT WA OR CONTRIBUTING DEATH (natify medic	CAUSE OF	211 hor etc	me, form, foctory, street, of	fice bldg, INJURY OCCUR?	(If in Baltimare	City, give exact location)
EDIC	21 D. TIME (Mont	h) (Doy) (Year)	(Haur) 211	E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	3 9 5
>	(APPROX.)			hile At Nat While At Work	e		
	22. I certify that	M(this hospital) ottended	the deceosed fram	11-16	19 6 10 1-	20 1966
	that (1) (yes) lost s			166		ot In (my) (out) opin	ian deoth occurred an the dote
I L		the causes sto	ed obave.	(1) (We) (did) (did 1101) v	iew the body after deoth.		
	23A. SIGNATURE	1 ~	. 01	M.D. Atte	ending Med.	Stoff D	23B. DATE SIGNED
	Man	1 Cul	Uper	Phy	s. Director	Phy s.	11-20/6
	23C. PHYSICIAN'S	(0 .	1100		CIDA PORESS	il au	
244	Danie	Cu		Kry M.D.	121 Reger	0 04	
-	REMOVAL (Specify)		70.7	AME of CEMETERY of CRE			, town, or county) (State)
	urial	11/25/	~ ~	to. National (Baltimore, Md.
25A.	. DATE REC'D BY HE			OF REGISTRAR	John J. Duda		ADDRESS
	W.C	V 22 196	b Orella	of E. Jackson	P Tours	1744 Wise At	re. Dundalk, Md.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2. DATE AND HOUR OF DEATH USUAL RESIDENCE (Where deceased fived. If institution: residence STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give location) 1712 Harford Avenue 8, DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. Months: Days Hours lost birthdoy) 47 6/30/19 12, CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME Lucinda McWilliams 17. INFORMANT ADDRESS CAUSE OF DEATH NTERVAL BETWEEN MIDBRAIN STRONE ERTENSIVE ATHEROSCLEROTE DISEASE BOUMONIA BETES MBLLITUS 20 A. AUJOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? Not While [At Work ond that in (our) opinion death accurred an the date 23B, DATE SIGNED Attending Phys. Med. Director 23D. ADDRESS

M.E. CASE NO.

BIRTH NO.

66 11684

WIDOWED, DIVORCED (specify)

and hour and from the causes stated above. (#7 (We) (did) (did) view the body after death.

The Johns Hopkins Hospital

25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

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Cornin ade 1712 42 Land

Fred T. Elister W. W. Carlin J.

248 NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

ADDRESS

REMOVAL (Specify)

VS 151-REV. 1/1/65

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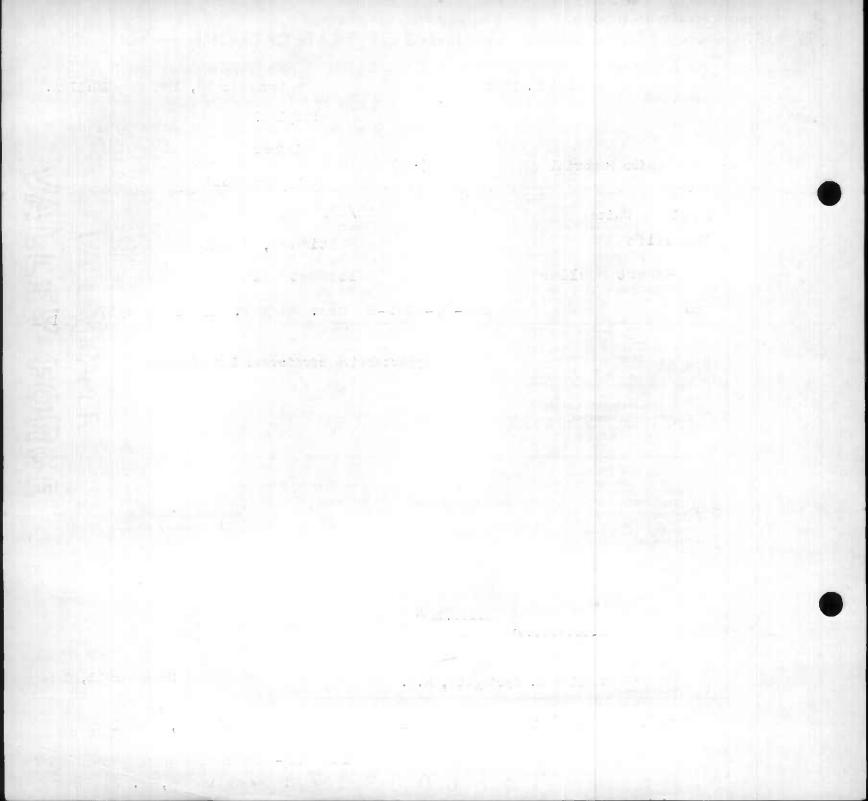
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	66 1	1686		BALTIMORE CITY HEAL	TH DEPARTMEN	IT.		66	11686	
BIR	H NO.	MED	ICAL EX	KAMINER'S CE	RTIFICA	TE OF DI	EATH Registe	red Na	11000	
M	CASE NO.									
1. 1	NAME OF DEC	EASED				2. DATE AND	HOUR PRONOUNCE	ED DEAD		
,	01 111110	ANNA	M. TROY	Y		Novem	ber 20, 19	66	10:17	A. M.
3. F	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Where de	ceosed lived. If insti	itution: resider	nce before odr	mission)
E111	L MAIAE OF	UE NOT IN HOSPIT	41 00 1115717	UTON CINE STREET		faryland	s. coo			
HO	L NAME OF	ADDRESS OR LOCA	ATION)	UTION, GIVE STREET	C. CITY OR TO	WN (If autside o	carparate limits, write	RURAL and	give township	p)
LIN 3	TITUTION				l B			26-6	13	
-	Un	ion Memorial		(DOA)	D. STREET ADD				400	
6	19	Lott Homoz Laz		(2011)	2	620 Rave	nwood	tre		
5. S	EX	6. RACE			B. DATE OF BIRT	H	9. AGE (In years		Yr. If Under	
١,	1	TTI * .	widowed,	DIVORCED (specify)	11/13/1	808	lost birthdayl	Manths, D	ays Hours	Min.
	emale	White		F BUSINESS OR INDUSTRY			68	12. CITIZEN	05	
don	HILL STEAMS	Teg life, even if retired)	KIND OI	603114E33 OK 114D031K1				WHAT	COUNTRY?	
					14. MOTHER'S M		Maryland	US	A	
13.	Pather's NAM						,			
		ert Muelle				eth Fir	1K			
		O EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
	no			212-07-9102	-D Mrs.	Mary 1	. Flemin	g 35	17 Sha	nnor
	18. 11 11	as V		CAUSE	OF DEATH			111	NTERVAL BET	WEEN
	7.4	3/1							ONSET AND	
	DISEAS	E OR CONDITION DI LEADING TO DEATH	RECTLY	Hern e mit		mdiooo				
	(This daes n	of meon the mode of	dvina e.a.	(A) Hypert	ensive ca	iraiovasc	ular disea	se		
	heart tailure,	osthenio, etc. It meons	the diseose, death.)							
		NTECEDENT CAUSE		(B)						
	RISE TO THE	OR CONDITIONS, IF A E ABOVE CAUSE (A) S		DUE TO						
7	UNDERLYIN	IG CONDITION LAST.		(C)						
Ô				10/						
¥.	OTHER SIGN	II VIFICANT CONDITIONS	CONTRIBUTI	NG						
임		DEATH BUT NOT RE		THE						
ERTIFICATION		OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or Na) 20	B. IF YES, WERE FIN	IDINGS COL	NSIDERED	
S	0	WAS PER					CERTIFYING CAUS			
Y	21 A. EXTERNAL	CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i	n or about 21C. V	VHERE DID (If	in Baltimore City, giv	ve exact loca	otion)	
EDIC,	UNDERLYING UTING CAU	OR CONTRIB-	hame etc.)	e, farm, factory, street, a	ffice bldg., INJURY	OCCUR?		70 0.001 1000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MEC	O III O - CAO.	SE OF DEATH.								
_	21D TIME OF INJURY	(Month) (Day) (Yea	r) (Haur) 2	TIE. INJURY OCCURRED	21 F. H	OW DID INJURY	OCCUR?			
	(APPROX.)		m ()	WHILE AT NOT V	WHILE					
	22.									
				Inspection X Aut	apsy and	d that an this	basis, death in m	y apinian		
	resul	ted fram: Natural ca	uses X	Accident Suicide	Hamici	de Un	determined manne	er 🔛		
		0	- 1) 4	CHIEF M	EDICAL EXA	MINER _			
	ACTUAL		J. 4	agol	ASSISTANT M	EDICAL EXA	MINER X		DATE SIGN	4ED
	SIGNATI		0 0	M.D.	ASSOCIATE M			ovember	r 21, 19	966
	EXAMIN NAME (1	Type) Charles	S. Spri	ingate, M.D.	ASSOCIATE M	ILDICAL EXA	MINER	O V CIMD C I	. 419 1.	200
	BURIAL CRE	MATION, 238 DATE	23	C. NAME of CEMETERY of	CREMATORY	23 D. LOC	ATION (City,	town, or cou	inty) (St	tate)
RE/	Buria	11/	23/66	Cathodnel		Ro	7 + +	M	1 3	
244				Cathedral	1246 5111		ltimore,			
241	" DAIE KEC D	BY HEALTH DEPT.	Z48, NAME	OF REGISTRAR		AL DIRECTOR			DRESS	
	N	OV 22 1966	Mobile	E Salley MA	-		edefeld H		6500 Y	ork
VS	151-REV. 1/1/6	55	1 9	6 6 0 0	3 B	load A	Baltimore	, Md. 2	21212	



the body was released to the hospital shows: (1) An accident was D.O.A. at a hospit eceased

4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) If Under 1 Yr. Months Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? Mrs. Loretta S. Parks, 1547 Northe INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location) and that in (my) (ear) opinion death occurred on the date (City, town, or county) Baltimore, Maryland 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A, DATE REC'D BY HEALTH DEPT. ADDRESS Mitchell-Wiedefeld Home Balto. Md.

BALTIMORE CITY HEALTH DEPARTMENT

M ds

VS 150-REV. 1/1/65

of death

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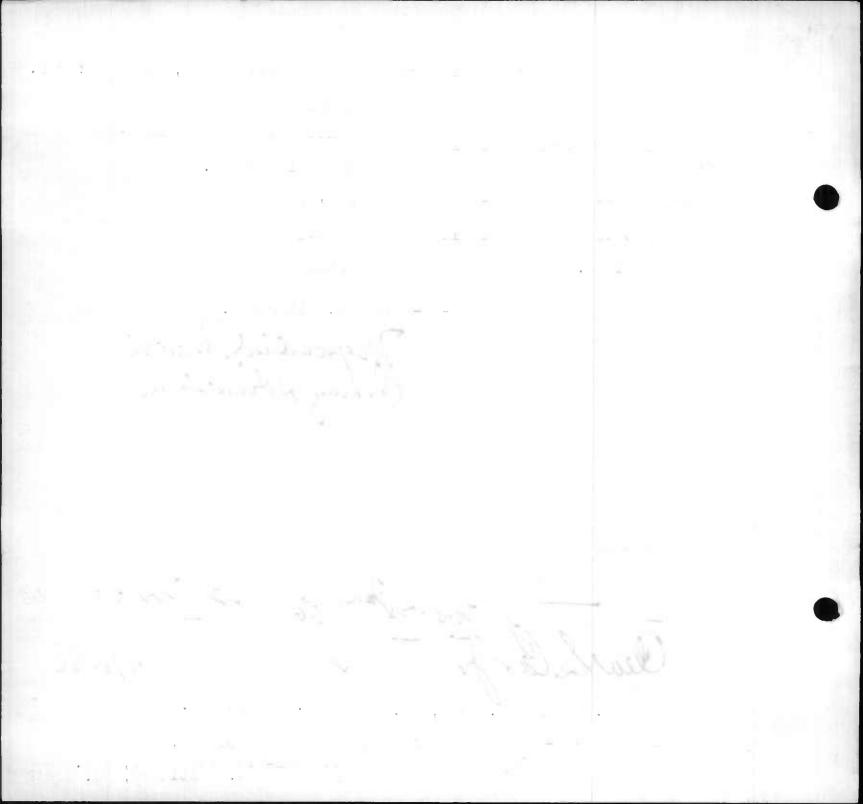
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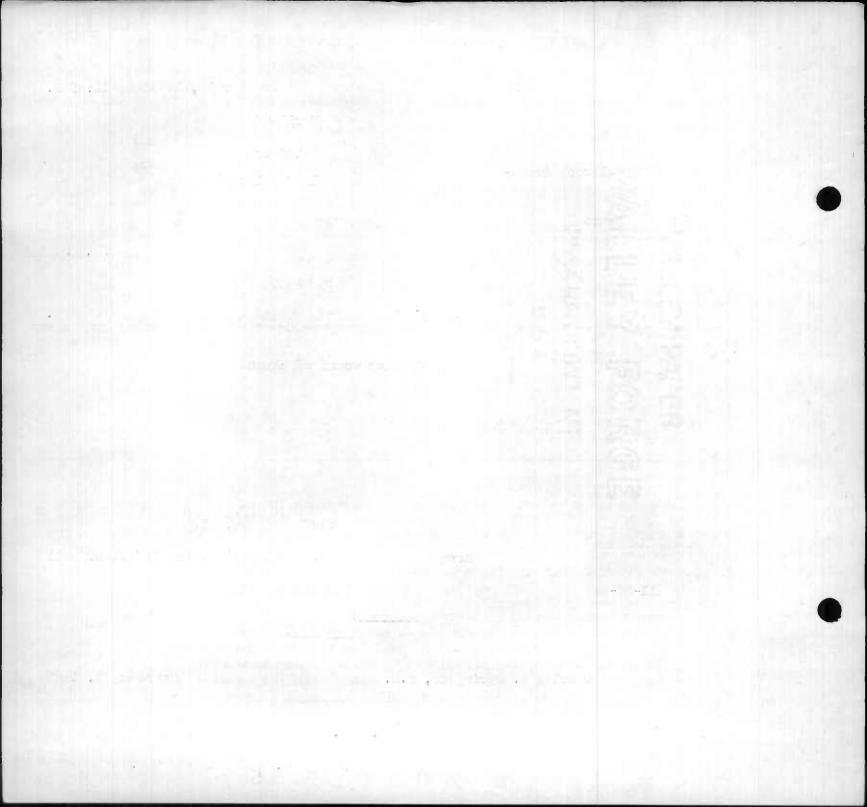
attendance

BALTIMORE CITY HEALTH DEPARTMENT 66 11688 Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) November 20, 1966 | 1:40 P. M.

4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE
B. COUNTY 1:40 P.M. Frank Malehorn Joseph Fra (If not in hospital or institution, give street FULL NAME OF Marvland HD SPITAL DR oddress or location) CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore Maryland General Hospital prior D. STREET ADDRESS (If ruro), give location 1626 Winford Rd. is made S. 'S EX 9. AGE (In years lost birthdoy) 8. DATE OF BIRTH 6. RACE MARRIED, NEVER MARRIED If Under 1 Yr. Months: Ooys If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours May 5,1906 Male White Married 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Representative Display Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Calvin J. Malehorn Della Mae Slonaker 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or doles of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. 213-09-4774 Mrs. Mildred E. Malehorn No 1B. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the remains UNDERLYING CONDITION last. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ũ 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) CERTIFI 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from 6 that (1) (we) last saw the deceased alive an and that in(my) (our) apinion death accurred on the date and haus and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff M.D. Phys. Director Phy s. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 3900 N. Charles Charles Carr deceased p 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial 11-23-66 Gardens of Faith Baltimore, Maryland 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore, Md.



M-25	66 11689 BALTIMORE CITY HEALTH DEPARTMENT 66 11689 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) DEDWADD MACON NAME OF DECEASED (Type or Print) DEDWADD MACON NAME OF DECEASED
	BERNARD MASON November 20, 1966 11:45 P. M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL of give township).
	INSTITUTION Baltimore
	D. STREET ADDRESS (If rurol, give locotion)
	1900 Walbrook Avenue
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) 1. Months, Days, Hours, Min.
	Male Negro single 12-6-29 37
	done during most of working lite, even if retired)
	Rigger Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Maury Mason Martha Tibb
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.
	No 215-24-3465 Martha Chapman 1915 McCulloh St.
	18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, DUE TO
	heart failure, asthema, etc. It means the disease, injury or complication which coused death.)
	ANTECEDENT · CAUSES
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE
	UNDERLYING CONDITION LAST.
	OLE II
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
	SIGNAL DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED Yes IN CERΠFYING CAUSES OF DEATH? Yes
	21A, EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) home, form, foctory, street, office bldg., INJURY OCCUR?
	UTING CAUSE OF DEATH. etc.) home 1900 Walbrook Avenue 2nd floor hall
	21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
	(APPROX.) 11-20-66 ? WHILE AT NOT WHILE X Found in hall
	I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion
	resulted from: Notural couses Accident Sulcide Homicide X Undetermined monner
	CHIEF MEDICAL EXAMINER DATE SIGNED
	A ASSISTANT MEDICAL EXAMINER
	EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER November 21, 1966 NAME (Type)
	23A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	Burial 11-25-66 Arbutus Men. Pk. Arbutus, harvland
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS
	George G. Kelson 1348 N. Calhoun St.
	1 2 10 10 10 10 10 10 10 10 10 10 10 10 10



1-1	do		66 11690	ITY HEALTH DEPARTMENT	66 11690
9-9	9 4	1	CASE NO. CERTIFIC	ATE OF DEATH Registered No.	
andeath	Sucl	1. N	ME OF DECEASED	2. OATE AND HOUR OF DEATH	
-00	- O		SAMUELJ. JAFFE	November 19	, 1366 4 QM.
	9 4	3. P	ACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If in A, STATE B, COUNTY	stitution: residence before admission)
	de de	L	JLL NAME OF (If not in hospital as institution, give street OSPITAL OR oddress or location)	Maryland C. CITY OR TOWN (If outside city limits, write R	Balto Co
car Se;	165		EVINDALE, HEBREJ HOME		Samp,
in age	prior	2	KO INFIRMARY-	D. STREET ADDRESS (If rurol, give location)	<u> </u>
bed of	de.			3125 Jeffrey Road	
rib		5. S	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
oco ont	regul eased is ma		ale White Married USUAL OCCUPATION (Give kind of work 10B. KINO OF BUSINESS OR INDUS	75	12, CITIZEN OF
th co	ece on		during most of working lite, even if retired)		WHAT COUNTRY?
or	S P i	12	Salesman Retail	RUSSÍA	USA
if c	in the dec	1.36	Israel Jaffe		
# H	on dis	16.3		Toba Hannah ?	ADDRESS
sta e ind	ce o	(Yes	/as Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.		
issi th y k	E 12	-	No 214-03-0168	Mrs. Hilda Jaffe- 3125 Je	44 9
is a	enda d or		DISEASE OR CONDITION DIRECTLY	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
Iso	3 + 0		LEADING TO DEATH	Branhopneumania	4 days
L'A	alm at		(This does not mean the made of dying, e.g., DUE TO heart failure, asthenio, etc. II means the disease,		
ine	ala m		injury or complication which coused deoth.)		
Fr.	0 00 0		ANTECEDENT CAUSES (B) OUE TO		
exd (3) A	are are		DISEASES OR CONDITIONS, if any, giving tise to the obove couse (A) stating the (C)		
10 1	as ir		UNDERLYING CONDITION lost.		
dica	was	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	\ 1 \ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Pued.	phy ian e re	ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	live heart bailing -	years
chief a m Body	the	ERTIFIC	9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes ar No) 20 B. IF YES, WERE IN CERTIFYING CAI	INDINGS CONSIDERED
-	physic ore th	CERT	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (c.	g., in or about 21 C. WHERE DID (If in Boltimore	City, give exact location)
4 2	000		OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) A CAUSE OF CAUSE O	office bldg., INJURY OCCUR?	City, give exact locoword
by pite	\$ Z = 3	U	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ved by hospite nature;	d (6)	ME	OF INJURY While At Not \	Vhile	
y n	2 E #		Work L AT W		19 1966.
app to the			that (1) (we) lost saw the deceased alive an Nov.	8 19 66 and that in(my) (our) opin	
of to	pital eath) ust b		and haur and from the causes stated above. (1) (We) (did) (did no		
st b	dear		A CICALATINE	,	23 B. DATE SIGNED
pele bio	F 0		Ruth willner M.D.	Attending Med. Sloff Phys.	Nov. 19, 1961
s re	A. at a bed by a prior to approval		NAME (Type)	23D. ADDRESS	
Was	prio		MOIN WILLIAM M	D. LEVINDALE AGED NO	ME
certificat oody was rs: (1) An	() (1)	24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 240. LOCATION (Ci	ly, lown, or county) (State)
book WS:	was D.O. deceased written a		Burial Nov. 20/66 Adath Jeshuri	in, (Sodova) Baltimore, M	aryland
his he b	vas lece vrit	25A	NOV 22 1966 2 0 TE START		
F + N	3 T 3		The same of the contract of the contract of	-Sol Levinson & Bros Inc. 6	UTU KELSZETLOWN Ka

23C. PHYStCtAN'S NAME (Type) 23D. ADDRESS Willner LEVINDALE M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) (Stote) Maryland Burial Nov. 20/66 Adath Jeshurun, (Sodova) Baltimore, 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR NOV 22 1966 Control Solvential Sol Sol Levinson & Bros Inc. 6010 Reistertown Rd VS 150-REV. 1/1/65

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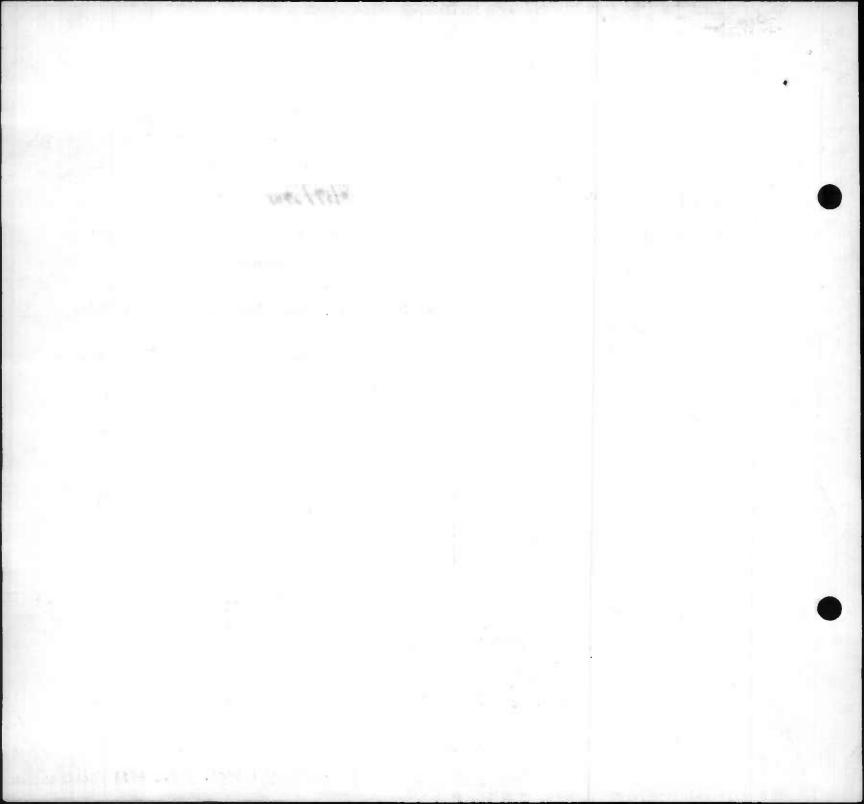
66 11691

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.	66 11691

M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	pp 11001
Type or Print	000	2. DATE AN	D HOUR OF DEATH	. 20
3. PLACE OF DEATH IN BALTIMORE	OSCAR	4. USUAL RESIDENCE (When	11/19/66	hutiant residence before admis
S. PEACE OF BEATH IN BALLIMONS	MARIEME	A. STATE B. COUN	TY	tollon, lesidence pelote odnas
HOSPITAL OR oddress or lo	oitol or institution, give street	C. CITY OR TOWN (If out	side city limits, write RU	RAL and give township)
INSTITUTION TO LINE TO	ADIZING HACDITAL	BALTIME		7-20
THE JOHNS H	OPKINS HOSPITAL	D. STREET ADDRESS (III	iurol, give location)	70
3			TENLO K	RIVE
S. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Aonths Doys Hours Mi
103 USUAL OCCUPATION/Give kind of	WORK 10B, KIND OF BUSINESS OR INDUSTRY	ANALYZA CE (State or fore	05	12. CITIZEN OF
done during most of working (ife, even if reti	red)		gii cooiiiiy/	WHAT COUNTRY?
Retail 13. FATHERS NAME	Shoes	Russia 14. MOTHER'S MAIDEN NAM	A.C	USA
HARRIS JACO	35	EDNA MAN	AND REPORTED TO THE PERSON OF	
		17. INFORMANT	- SIITCIO	ADDRESS
15. Was Deceased Ever in U. S. Armer (Yes, no or unknown) (If yes, give war or	4			
NO	219-32-1012 CAUSE O	Mrs. Molly J	acobs, 3832 N	Interval Between
DISEASE OR CONDITION	DIRECTLY	- PERIII		ONSET AND DEATH
LEADING TO DEA	ATH (A)	Emprens of My	occordial Inforce	the us known
(This does not mean the mode heart failure, asthenia, etc. it m	e of dying, e.g., DUE TO	Empyeone or My Rarcinome of		
injury or complication which co	used deoth.)	Easemen 1	.cook.	54000
ANTECEDENT CAL	JSES (B)	6	esofried 02	7.00
DISEASES OR CONDITIONS,	if ony, giving	· · · · · · · · · · · · · · · · · · ·		
UNDERLYING CONDITION lost				
Z II	CONTRIBUTION C			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE	RELATED TO THE	NEALE		
U 19A DATE OF OPERATION 198.	CONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	IDINGS CONSIDERED
Flower	*	110		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	16 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID	(If in Bollimore C	City, give exact location)
U	110	015 110111 015 1111	Hav occurs	
OF INJURY	(eor) (Hour) 21E, INJURY OCCURRED While At Not While At Work	21F. HOW DID INJ	OKT OCCOR?	
(APPROX)	11018 - 111 11018	1	6/	A 10 1
22. I certify that (1) (this has	pital) attended the deceased from	110v 17	19 66 10	Nov 19 196
	eased alive on Nev L		at in (my) (our) apinio	on death accurred on the
and hour and from the causes	stated above (I) (We) (did) (did nar)		i i	3B. DATE SIGNED
25A. SIGNATURE	M.D. Att	ending Med.	TIED SK	1 1
23 C. PHYSICIAN'S	TUMEX Phy	23D. ADDRESS	Stoff Phys.	11/19/66
NAME (Type) RICL	and I Hurwit M.D.	Talans	Hopkins	Hospital
24A. BURIAL CREMATION, 24B. DAT		EMATORY 24D. L		town, or county) (Sig
REMOVAL (Specify)	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3	1.70.		
Burial 11/2 25A. DATE REC'D BY HEALTH DEPT.	1/66 Besthredicted	25C. FUNERAL DIRECTOR	Finksburg, Ma	aryland
NOV 22 195	S A B S E STATE MAR -	Sal Poutingar	& RAOL THO	6010 Reisters
1				



1/	-	00 44000	BALTIMORE CITY HEALTH DEPARTMENT
		00 44000	

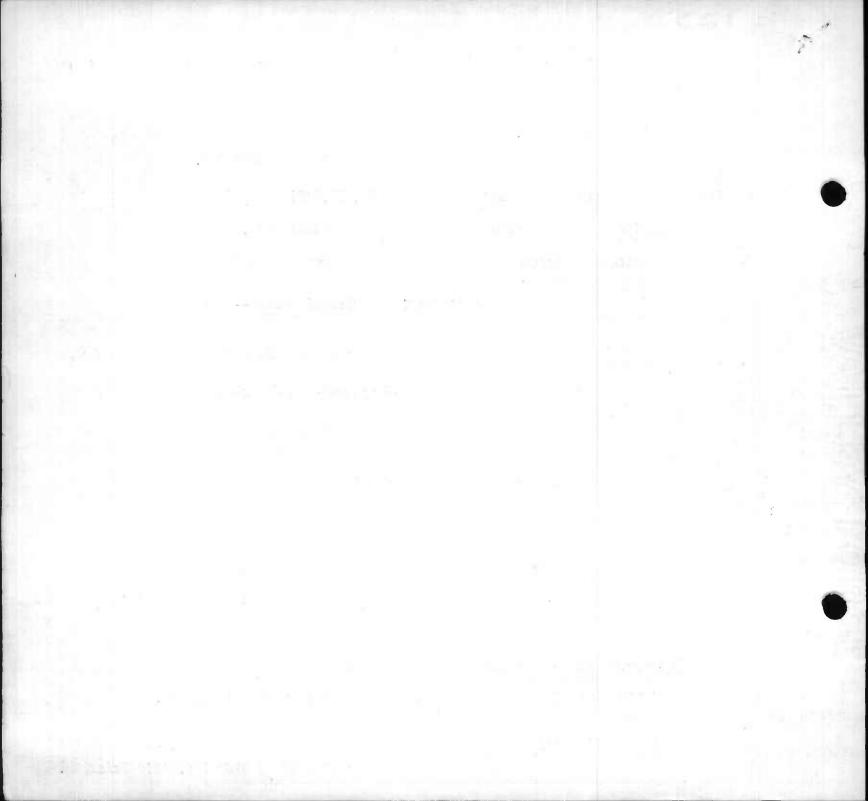
	24 9	40	-15	-	100	
	187			A.	6 3	9 9
	56			113	- 9	100
-		-		1 1	0 3	-

M.E. CASE NO. I. NAME OF DECEASED EOZ	elle FURST I nee Speva	2. DATE AN	ND HOUR OF DEATH	
Type or Print) ESTHER	(k)	1/19/66	1 PM /	
FULL NAME OF HOSPITAL OR INSTITUTION 3619 Beehler	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissing A, STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location)			
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH		K 11-1-1 V. K 11-1-24 H.
Female White	Married (specify)	May 30,1921	lost birthdoyl A	If Under 1 Yr. If Under 24 Hr. Aonths Doys Hours Min.
one during most of working life, even if retired) Housewife	Home	Baltimore		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME Nathan Sp	evak	14. MOTHERS MAIDEN NA Dora	sears	
5. Was Deceased Ever in U. S. Armed For es, no or unknown) (If yes, give wor or dote	ces? s of service) 1 6, SOCIAL SECURITY NO. 216/16/9802	17. INFORMANT Michael Furs	t Same	ADDRESS
18./ 70 % 1	CAUSE	OF DEATH	June June	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIF LEADING TO DEATH (This does not meen the mode of	(A) CAR	CINOMATOSIS, GI	ENERALIZED	1YR,
heart loiture, astheria, etc. It means injury or camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last,	deoth.) (B) CA DUE TO	REINOMA OF		3 YRS,
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO THE	IONE		
19A. DATE OF OPERATION WAS PERI		20A. AUTOPSY? (Yes or No	10 CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
21D. TIME (Month) (Doy) (Yeot) OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED While A1 Not Whi Work A1 Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the causes stated as SIGNATURE	d alive an NOV. red abave, (i) (Wa) (did) (did not)	15, 19 66 and the	at in(my) (aur) opinio	NOV, 19, 19 66 an death accurred an the da
23C.PHYSICIAN'S NAMEDIN GOLDSTE	Phy	23D. ADDRESS	Stoff Phys. Heights Ave.	11/19/66
AA. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City,	town, or county) (State)
BURIAL 11/20/6	6 Moses Montifior	25C. FUNERAL DIRECTOR	Baltimore, M	ADDRESS

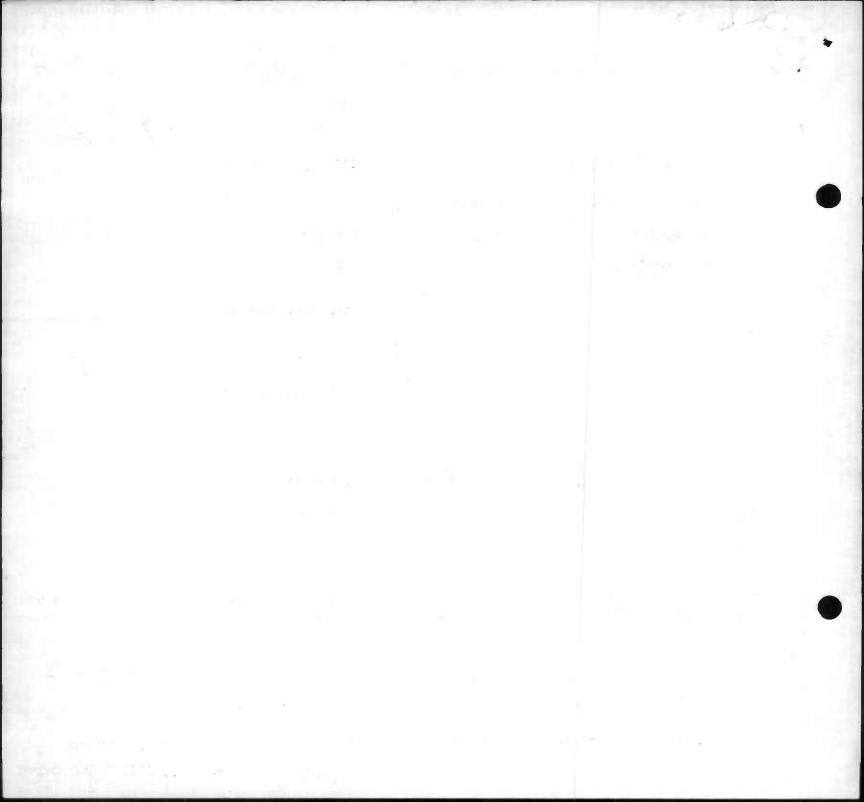
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SOL LEVINSON

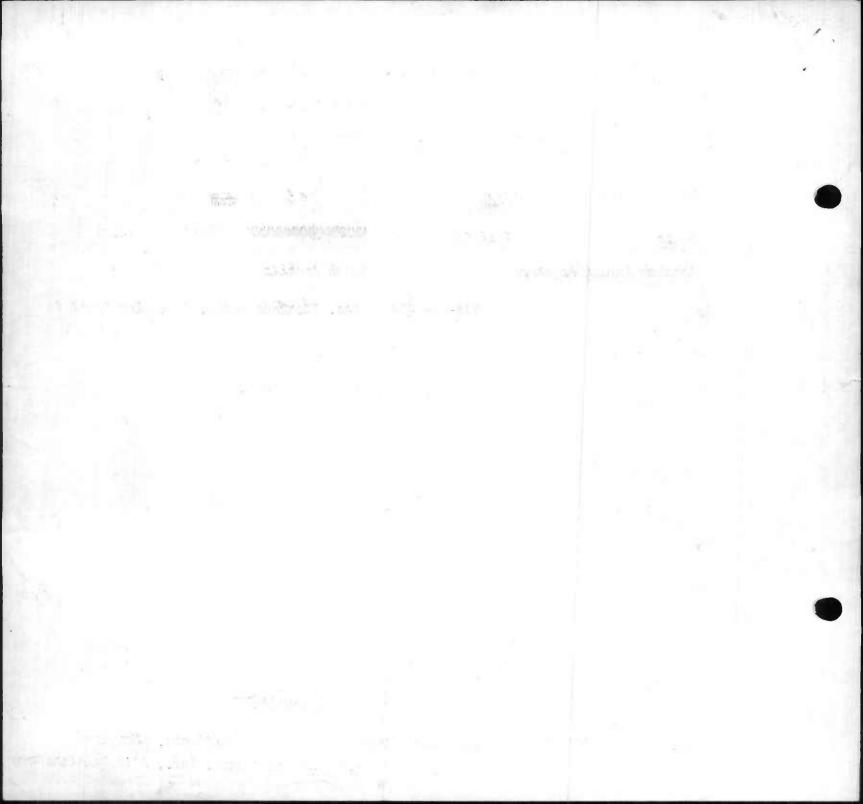
8 BROS INC. 6010 Reist Rd.



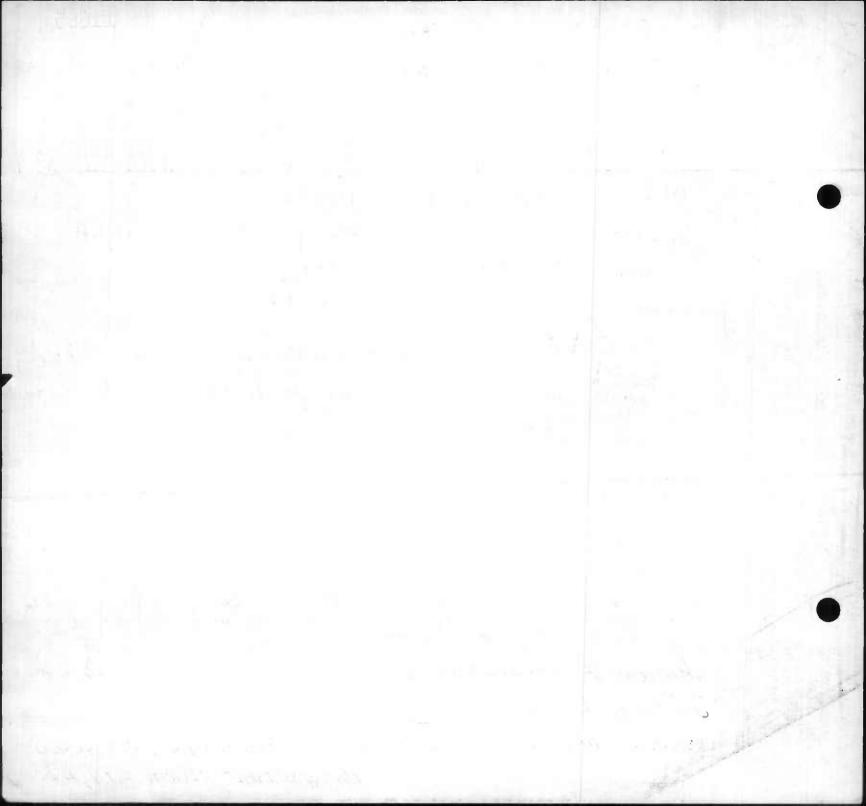
		TY HEALTH DEPARTMENT	66 11000
49	RTH NO 66 11693 CERTIFIC	ATE OF DEATH Registered No.	00 11633
1,	NAME OF DECEASED The or Pinth The or Pinth	2. DATE AND HOUR OF DEATH	905 1
ÍL	PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived, if instit	ution: residence before admission)
		A. STATE B. COUNTY	
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OF TOWN (If outside city limits, write RUE	AL and give township)
	1/2	Baltimore 2	7-1/
	7000000	D. STREET ADDRESS (If rural, give location)	ψ.
5.	Sinai Hospital SEX 6. RACE 17. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 19, AGE (In years	I Under 1 Yr If Under 24 Hrs.
	WIDOWED, DIVORCED (specify)		Under 1 Yr. If Under 24 Hrs. North's Dnys Hours Min.
	Male White Married A. USUAL OCCUPATION (Sive kind of work 10B, KIND OF BUSINESS OR INDUST med during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
1	Supervisor Rubber	Germany	USA
1;	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Max Dreyfuss	Bella ?	
1.5 (Y	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (II yes, give wor or dates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	No Unknown	Mrs. Rosa Drysdale,	INTERVAL RETWEEN
	DISEASE OR CONDITION DIRECTLY	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	TYOCARDIAL LIFARCTION	3days.
	heart foilure, aslhenia, etc. It means the disease.		
	ANTECEDENT CAUSES (B)	TERIOSCLEROTIC /T)ISE	
	DISEASES OR CONDITIONS, if any, giving		
	rise to the above cause (A) stating the (C)		
	11		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Frand	
		20A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED
01.014.62	WAS PERFORMED	NO IN CERTIFYING CAUSE	S OF DEATH?
110	OR CONTRIBUTING CAUSE OF Street	office bldg., INJURY OCCUR?	ity, give exoct locotion)
11.0	DEATH (notify medical examiner)		
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Not W	21F. HOW DID INJURY OCCUR?	
	Work At Wo	irk 🗀	9 //
	22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an 11 19		1806.
	and haur and frain the causes stated above. (1) (We) (did) (did nat	19 (aur) apinio	n death accurred an the date
	23A. SIGNATURE		B. DATE SIGNED
	Haus soled M.D.	Attending Med. Stoff Phys.	11/19/66
	23C. PAYSICAN'S NAME (Type)	23D. ADDRESS	11/
	James Sobel M.	Schul Hospital	
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or C	CREMATORY 24D. LOCATION (City,	town, or countyl (State)
2	Burial 11/20/66 Chevra Ahava 5A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	s Chessed Randallston	n, Maryland
	NOV 22 1966 1 2 FE Fallumen		MODILLIS
1	\$ 150-REV. 1/1/65	The services of a street fitter	OUTO NOOMERACOWIT



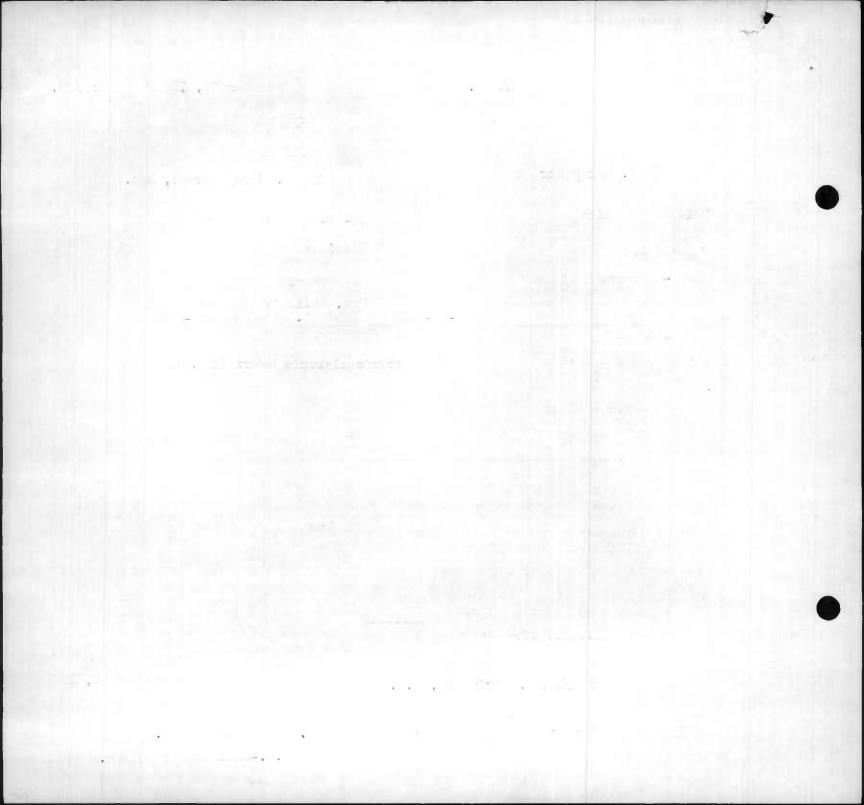
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8	66 11694	CERTIFICA	TE OF DEATH	Registered Na	T. (1/1).
1	A.E. CASE NONAME OF DECEASED	4	2. DATE AND	HOUR OF DEATH	
10	Type or Print) Ackerman 1300	dore s.	Nova	emper 13	19166 305PM.
3	PLACE OF DEATH IN BALTIMORE, MARYLAND			deceased lived, If insti	tution: residence before odmission)
	FULL NAME OF (If not in hospital or institution, give	street	MARYIAND		D. Atala
H	HOSPITAL OR oddress or locotion)	311001	C. CITY OR TOWN (If outsi		RAL ond give township)
	Sindi Hospital Inc		Baltimore		53-00
	2 of Baltimore.			urol, give location)	
719	×4 1		8 Vhilea		
5	SEX 6, RACE 7. MARRIED, NE WIDOWED, E	DIVORCED (specify)	7 /18/05 10	ast birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BL	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
- 11	Owner Taxi	Cab	Milespoodischenku	M RUSSIA	USA.
Ī	OWNER TAXL 3. FATHER'S NAME	Cao	14. MOTHER'S MAIDEN NAM	I E	
	Abraham Samuel Ackerman		Sarah Asuritz		
	5. Was Deceased Ever in U. S. Armed Forces? 16	SOCIAL	17. INFORMANT		ADDRESS
	res, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Man Thansan	Harlit & Di	unlan Count He
-	No 2	218-05-3454	F DEATH	Hechi, 8 Pi	nelea Court #8
	DISEASE OR CONDITION DIRECTLY		- 1 0		ONSET AND DEATH
	LEADING TO DEATH	(A) 1e	rminal Carci	nomatosis	
	(This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It meons the disease,	DUE 10			
Ш	injury or complication which caused death.)	C	ARCINIOMA	0/	
	ANTECEDENT CAUSES	DUE TO	ARCINOMA Par	4	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the			ncreas	
	UNDERLYING CONDITION last.	(C)		**************************************	
	_ 11				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
		ICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES WERE FIN	IDINGS CONSIDERED
	10/16/6/ WAS PERFORMED -	Duodenal Obs	touch-	IN CERTIFYING CAUS	ES OF DEATH?
	U 121 A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., in	n or obout 21C. WHERE DID	(If in Boltimore C	City, give exact location)
	▼ DEATH (notify medical examiner) etc.)	form, foctory, street, of	ffice bldg., INJURY OCCUR?		
	O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN	IJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN OF INJURY (APPROX.) While Work	At Not While	е		
	22. I certify that (I) (this hospital) attended the		clatus 15 10	66 to Nove	meler 12 10 66,
	that (I) (we) last saw the deceased alive an.		19.66 and the		an death occurred an the date
	and haur and from the causes stated above.			, m(m), (ac., ap.m.	an deam occurred an the date
	23A. SIGNATURE	1//	new the budy uner death.	[2	38. DATE SIGNED
	G. 10110	M.D. Atte	ending Med. S	Stoff Phys,	11/13/66
	23C. PHYSICIAN'S		23D. ADDRESS	., ., .	# /
	NAME (Type)	M.D.	Sinai Hospita	P	
2		E of CEMETERY or CRE			town, or county) (State)
	REMOVAL (Specify)				
2	Burial 11/15/66 B	eth Jacob (V	lecair)	baccimore,	Maryland
		Faller HIS -	sol levinson &	Bros. Inc.,	, 6010 Reisterstown
IF	S 150 BEV 1/1/45	1 desirent min	DOL LONG		



		BALTIMORE CITY	HEALTH DEPARTMENT		66 11695
	н но. 66 11695	CERTIFICA	TE OF DEATH	Registered No	00 11000
1, N	AME OF DECEASED	. 1	2. DATE AND	D HOUR OF DEATH	0//0
	e or Print Thomas Arch	ner Hays	20	November	1964 970 Am.
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where) deceased lived. If instit TY	tution: residence before admission)
H	ULL NAME OF (If not in hospital or institution address or lacation) NSTITUTION	on, give street	c. city or Town (1) outs	side city limits, write RUI	RAL and give township)
8	University Ho	spital	D. STREET ADDRESS (II)	ural, give tocation)	DI PI
-		ALE MENTER AN APPLIED	130 X 19	Landi	ng Nd N+7
5. S	M WIDO	IED, NEVER MARRIED WED, DIYORCED (specify) OFFICE	9/6/73	43	If Under 1 Yr., tt Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND duging most of working tife, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
	lawyer		Marylan	a	4.5.14.
13.	Thomas A. Ho	245	Mary	Allen	
(Yes	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give war ar dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT NOSpital	records	ADDRESS
4	n known	CAUSE O			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	00	Visit to to	O formorel	ONSET AND DEATH
	(This does not mean the mode of dying,	e.g., DUE 10	mounts rua	Valmotra	anc ~ ins
	heart failure, asthenia, etc. It means the disectiniury or complication which caused death.)	ise,	menown call	acris (9 , 1
	ANTECEDENT CAUSES	(B) DUE TO	mal fail	ure	annowy
	DISEASES OR CONDITIONS, if any, give	ring	inknowin ca	unes	
	rise to the obove cause (A) stating UNDERLYING CONDITION lost.	the (C)	······································		
	И				
ION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO				
CAT	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDING CONSIDERD
CERTIFICATION	WAS PERFORMED	SK WHICH OFEKATION	y es	IN CERTIFYING CAUS	
AL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in hame, larm, factory, street, of etc.)	n or abov 121C. WHERE DID	(If in Baltimore C	City, give exact location)
EDIC		21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
×	OF INJURY (APPROX.)	While At Not While Work At Work			
	22. I certify that (時 (this haspital) attende	L	11/19 1	9 66 10	1/20 1966.
	that (4) (we) lost saw the deceased alive (11100			on death occurred on the date
	and haper and from the causes stated above	p. 49 (We) (did) (did not)			
	23A. SGNATURE	140		2	3B. DATE SIGNED
	Susand. Ho	ward MP Stre	ending Med. Director	Stoff Phys.	11/20/66
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
24A	BURIAL CREMATION, 24B. DATE 240	C. NAME OF CEMELERY OF CRI	EMATORY 24D. LC	OCATION (City,	town, or county) (State)
C.	REMATION 11/22/66 L	OUDON PA	AK BA	LT1/4086-	MARYLAND
23A	NOV 29 1000 A A	A C ZOO	Sol. FUNERAL DIRECTOR	- E11.	ADDRESS
VS	150-REV. 1/1/65	JE Navie A 3	WINNY WIN	TE ELLICOT	+ C, ty, HD.



M.E. CASE NO.	CALL EXTRACTION TERROR	EKTITICATE OF DEATH	
1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCE	D DEAD
(Type or Print) RI	JSSELL E. PONN	November 20, 196	6 6:45 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write Baltimore	
00 19 N. Carey Str	ceet	D. STREET ADDRESS (If rurol, give locotion) 19 N. Carey Street,	Apt. #3
5. SEX 6. RACE White	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify) Widowed	B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
Male White to A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10B, KIND OF BUSINESS OR INDUSTRY	Virginia	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Late-Clarence Pon	ın	14. MOTHER'S MAIDEN NAME Mammie Mahew	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give wor or dote		Mrs. Helen Freeburger 2659 St. Benedict St - #2	ADDRESS
DISEASE OR CONDITION DILEADING TO DEATH (This does not meon the mode of heort foilure, osthenio, etc. It meons injury or complication which coused to the mode of heort foilure, osthenio, etc. It meons injury or complication which coused to the mode of the mode of heort foilure, osthenio, etc. It meons injury or complication which coused to the mode of heort foilure, osthenio, etc. It meons injury or complication which coused to the mode of heort foilure, osthenio, etc. It meons injury or complication which coused to the mode of heort foilure, osthenio, etc. It meons injury or complication which coused to the mode of heort foilure, osthenio, etc. It meons injury or complication which coused to the mode of heort foilure, osthenio, etc. It meons injury or complication which coused to the mode of heort foilure, osthenio, etc. It meons injury or complication which coused to the mode of heort foilure, osthenio, etc. It meons injury or complication which coused to the mode of heort foilure, osthenio, etc. It meons injury or complication which coused to the mode of heort foilure, osthenio, etc. It meons injury or complication which coused to the mode of heort foilure, osthenio, etc. It meons injury or complication which coused to the mode of heort foilure, osthenio, etc. It meons injury or complication which coused to the mode of heort foilure, osthenio, etc. It meons injury or complication which coused to the mode of heort foilure, osthenio, etc. It meons injury or complication which coused to the mode of heort foilure, osthenio, etc. It meons injury or complication which coused to the mode of heort foilure, and the mode	dying e.g., the disease, deoth.) NY, GIVING CATING THE (C)	eriosclerotic heart disease	
TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PERI	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED LES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year OF INJURY (APPROX.) 22. 1 certify that I held an Interest of the contribution of the	wHILE AT NOT AT WORK INSpection Autoricid	in or obout 21C. WHERE DID (If in Boltimore City, give bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE tapsy X and that an this basis, death in me Hamicide Undetermined manne CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINERX	y apinian
EXAMINER'S Charles NAME (Type) 23A. BURIAL CREMATION, 23B. DATE	S S. Springate, M.D.		town, or county) (State)
REMOVAL (Specify) Burial 24A. DATE REC'D BY HEALTH DEPT.			
NOV 22 1960 (Rest E. Fallyma	Witzke F.D4101 Edmond	



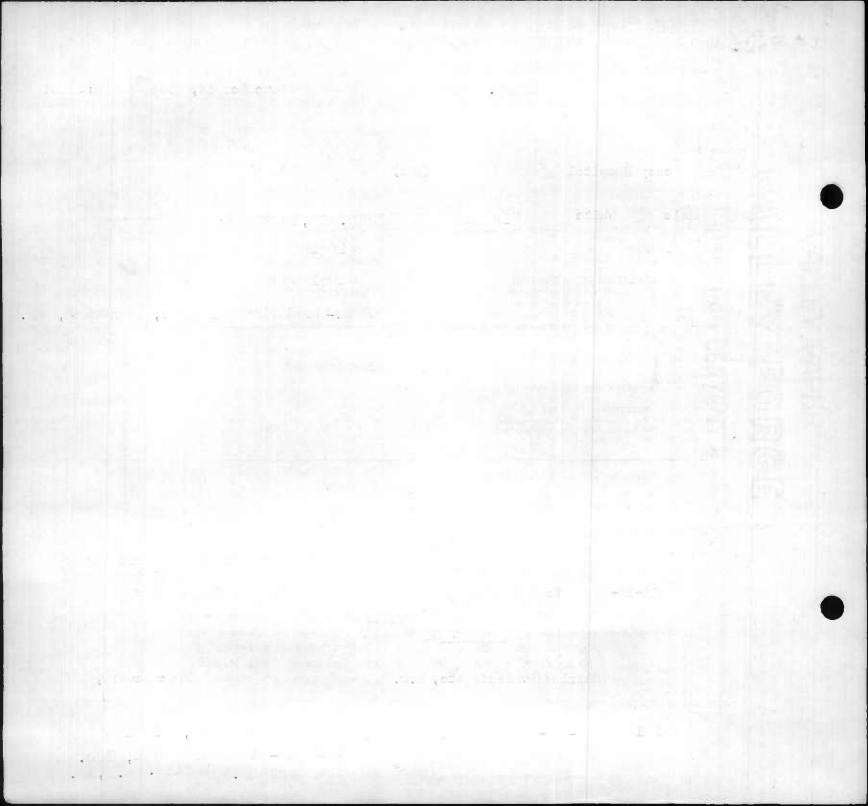
H-630

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No...

M.E. CASE NO.							
1. NAME OF DECEASED				2. DATE AND HOUR PRONOUNG			
EARL T. HOWARD				November 18, 19	1916		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission B. COUNTY				
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPI	TAL OR INSTITU	JTON, GIVE STREET	C. CITY OR TOWN (If outside corparate limits, write RURAL and give lownship)			
NOITUTION					n and	00-00	
Mana	II		(1004)	D. STREET ADDRESS VI rurol, give location)			
99 Merc	y Hospital		(DOA)				
S. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	H 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.	
Male	White		orced	Jan. 19			
	UPATION (Give kind of wo working life, even if retired)		F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
Paint				Virginia			
3. FATHER'S NAM	A E			14. MOTHER'S M			
C	olumbus Ho	ward		Ethel	Owens		
	ED EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	
Yes	WW II	es of service	SECORITI NO.	Muse-Re	eed Funeral Hom	e, Leesburg, Va	
1B.	29 %		CAUSI	OF DEATH	*****	INTERVAL BETWEEN ONSET AND DEATH	
DISEA	SE OR CONDITION E	MRECTLY			•	ONSET AND DEATH	
Dist.	LEADING TO DEAT		(A)	Drowning			
(This does	not meon the mode of	of dying, e.g.,	DUE TO			100000000000000000000000000000000000000	
injury or co	mplication which coused	deoth.)					
	ANTECEDENT CAUS	F \$					
	OR CONDITIONS, IF		(B)DUE TO				
RISE TO TH	E ABOVE CAUSE (A)	STATING THE	205 10				
	NG CONDITION LAST		(C)				
0	11						
O THE	NIFICANT CONDITION	ELATED TO T					
MINA DATE OF	F OPERATION CAUSIN		WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 20B, IF YES, WERE F	INDINGS CONSIDERED	
2		RFORMED	THE OF EXAMINE	Yes	IN CERTIFYING CAL	JSES OF DEATH?	
21 A EXTERNA	L CAUSE WAS	21 B,	PLACE OF INJURY (e.g.,	in or obout 21C. V	WHERE DID (If in Boltimore City,		
UTING CAL	MOR CONTRIB-	home etc.)	, form, foctory, street,			1	
Z 21D TIME	(1) (5) (5)	111	water		t Barre Street & (
OF INJURY	(Month) (about		TE. INJURY OCCURRED		Pe	ell into water	
(APPROX.) 1	1-18-66 9	:40 A m.	WORK AT V	WHILE X	while sitting on	pier	
22.	tify that I held an	Inquiry 🗌	InspectionAu	topsy X an	d that on this basis, death in	my apinlon	
resu	lted from: Notural c	auses .	Accident X Suicio	de Homici	ide Undetermined man	ner 🗌	
	an a	0	Λ.	CHIEF M	EDICAL EXAMINER	DATE CICHED	
ACTUA		2 1	1 and was	ASSISTANT M	EDICAL EXAMINER X	DATE SIGNED	
SIGNAT	NER'S Charle	s S. Spr	ingate, M.D.	ASSOCIATE M	MEDICAL EXAMINER NO	vember 18, 1966	
NAME (MATION, 238. DATE	23	C. NAME of CEMETERY	or CREMATORY	23D. LOCATION (Cit	y, town, or county) (State)	
REMOVAL (Specif		2-66	Union Cer	neterv	Leesburg,	Virginia	
	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS	
	NOV 22 1966	Dec. B	E. Fallenna	111 661	Herr-wredererd	Home, Inc.	
		Manager of		-7 1 0 1001	TOTA DOLL	THE SHE	



VS 150-REV. 1/1/65

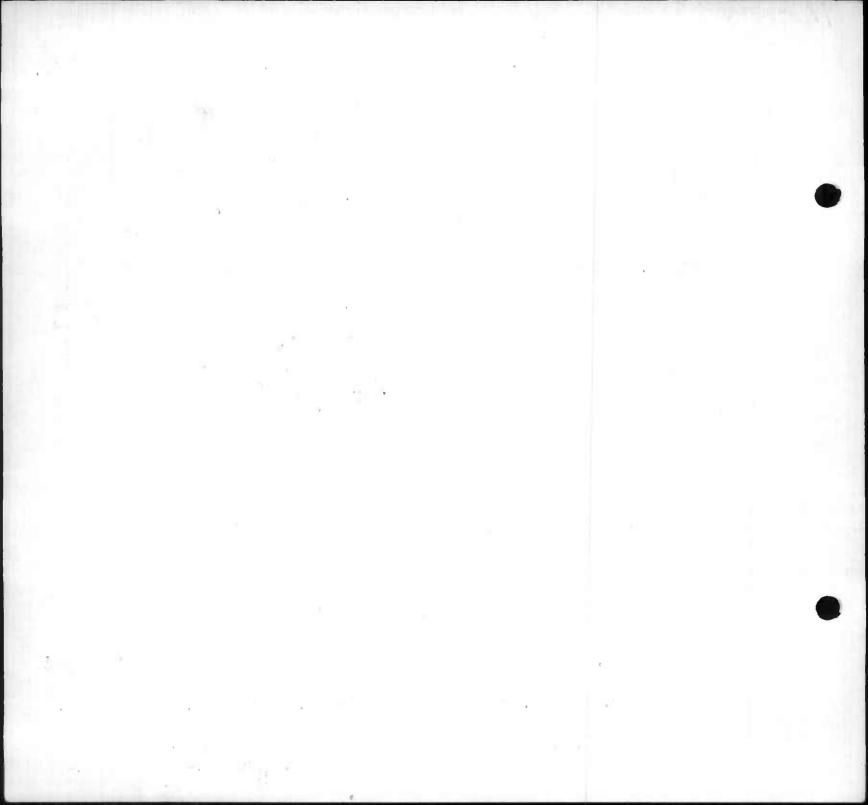
A	BALTIMORE CITY HEALTH DEPARTMENT
-	BIRTH NO. 66 11698 CERTIFICATE OF DEATH Registered No. 66 11698
	M.E. CASE NO. 1. NAME OF DECEASED (Type of Print) REYNOLDS, ROBERT L. 2. DATE AND HOUR OF DEATH 11. 21 66 345 2M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, II institution; residence before odmission) A, STATE B. COUNTY
	FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or locotion) INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL and give lownship)
¥	D. STREET ADDRESS (If rurol, give location)
100	Futherau Hospital 7 711d. 927 Louisgroul St. 21202 5. SEX 6. RACE 6. T. MARRIED, DEVER MARRIED B. DATE OF BIRTH 99 AGE (In years If Under 1 Yr., II Under 24 His.
L	WIDOWED, DIVORCED (specify) While Sulfall (specify) Win. Months Doys Hours Min. Win. Win. June 10 Months Doys Hours Min. Win. Months Doys Hours Min. Win. Months Doys Hours Min. 102. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS, OR INDUSTRY 1) BIRTHPLACE (Stole of foreign country) 112. CITIZEN OF
	done during most of working life, even if referred) Applays WHAT COUNTRY?
	13. FATHER'S NAME Unknown Unknown
1	15. Wos Deceased Ever in U. S. Armed Forces? 15. Wos or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT One Charles Center
-	Unknown. 213-09-8901 Herbert S. Harten, Baltemore, Md.
	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenia, etc. II means the disease,
	injury or complication which caused death.) ANTECEDENT CAUSES (B) Cithosis of Livet
	heart failure, asthering, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) Chronic alcoholists
	UNDERLYING CONDITION lost.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect locotion)
	21A. ACCIDENT WAS UNDERLYING DO OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While Work At Work
	22. I certify that (1) (this haspital) ottended the deceased from 11. 19 66 to 11. 21 19 66
	that (1) (we) last sow the deceased alive an 11. 21 19.66 and that in (my) (our) opinion death occurred on the date and have and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.
	23A. SIGNATURE
	A.D. Attending Med. Stoff Director Phys. 23C. PHYSICIANS
	NAME (Type) 103e Grümberg M.D. Lutherau Hospital
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel
1	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR 1317 ADDRESS Could
1	100 Dis 1500 Chesto E talkenti Win Conha Brooks Ing at 140

"in pain" "in pourse (M. Herron.

2	BALTIMORE	CITY HEALTH DEPARTMENT
	TH NO. E CASE NO. 66 11699 CERTIFIC	CATE OF DEATH Registered N
1.	NAME OF DECEASED pe or Print) CHARLES E. MISKIMON	2. DATE AND HOUR OF DEA Nov. 21, 1966
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived.
,	FULL NAME OF (II not in hospital or institution, give street oddress or location) Mercy Hospital	Maryland c. CITY OR TOWN (Il outside city limits, wr Baltimore D. STREET ADDRESS (If rurol, give locotion) 4706 Parkside Drive
	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)
	male white married working of workings, Kind of Business or Indu	Nov.19, 1911 55
	re during most of working lile, even if retired)	Maryland
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Kirk W. Mickimon	Bessie Shaughnessy
15. (Y	Was Deceased Ever in U. S. Armed Forces? s,no or unknown)(If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Irene Miskimon-470
MOLTA	rise to the obove couse (A) stoting the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	artisch. CV. derane c decomposite Hypotyph arthurs serve
CEPTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, W. IN CERTIFYING
CAI	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, form, foctory, streetc.)	e.g., in or obout 21 C. WHERE DID (If in Bott et, office bidg., INJURY OCCUR?
MEDI	OF INJURY While At Not	White Work
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive an and hour ond from the couses stated abave. (I) (We) (did) (did not stated abave.) 23A. SIGNATURE M.D. 23C. PHYSICIAN'S NAME (Type)	1956 ta 19 19 19 19 19 19 19 19 19 19 19 19 19
24	A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY of REMOVAL (Specify)	
	burial 11/25/66 Parkwood	Baltimore, Mo
25	A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	Leonard J. Ruck, Inc
V	150-REV. 1/1/65	

BALTIMORE CITY HEALTH DEPARTMENT

66 11699 TH Il institution: residence before admission) rite RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 6 Parkside Drive INTERVAL BETWEEN ONSET AND DEATH ERE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact location) apinion death accurred on the date 23 B. DATE SIGNED Baltimore, Md. (City, town, or county) ADDRESS Baltimore, Md.-14



25A. DATE REC'D BY

VS 150-REV. 1/1/65

1966

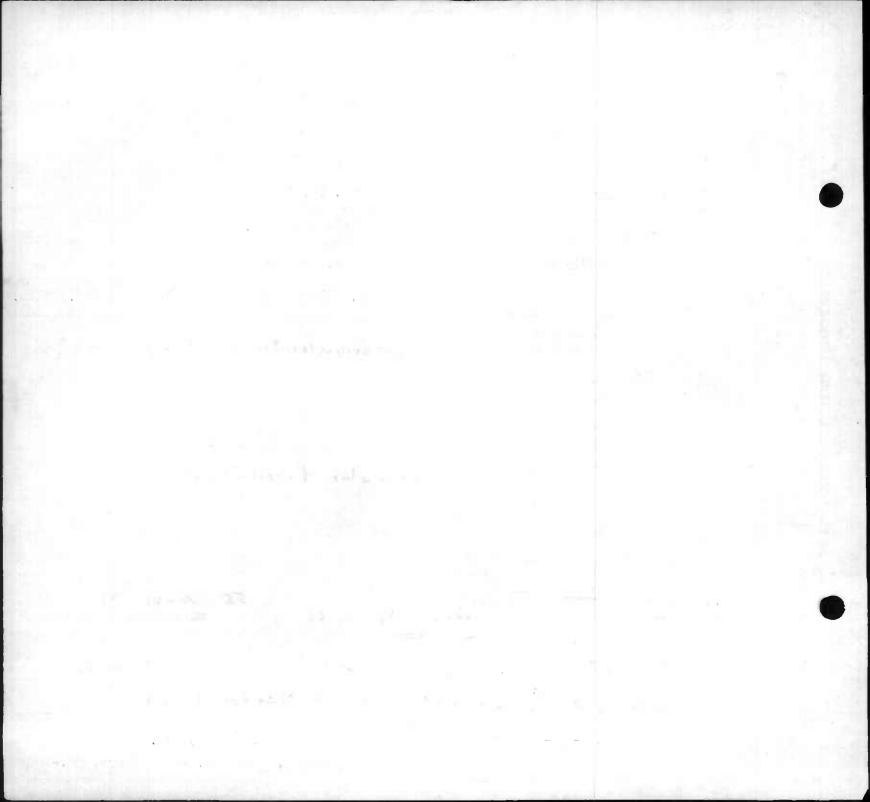
-		IMORE CITY HEALTH DE	PARTMENT	6	6 11700
and the	IRTH NO. 66 11700 CE	RTIFICATE OF	DEATH Regi	stered Na.	0 1171,0
Ī	NAME OF DECEASED (ype or Print) CARMELA MER	ZENDA	2. DATE AND HOUR	22,19	K 720
[3	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddiess or location) INSTITUTION	4. USUAL RI A. STATE	YARYLA!		ond give township)
4	11: 11	D. STREET A	•	location)	1-03
	SEX 6. RACE 7. MARRIED, NEVER MA WIDOWED, DIVORCE	RRIED B. DATE OF E		n years If U	nder 1 Yı, If Under 24 His. hs Doys Hours Min.
2	0A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS one during most of working life, even if retired)			(12.0	CITIZEN OF
Ĕ I	xxxlook Housewife	14 1407115	ALY		4. 3.
200	ROSO BUCULO	14. MOTHER	MARY		
ם ס	S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war and ales of service) SECURI		NT		ADDRESS
ringi	no 2172	68501D Miss	Grace Mere	nda	same
0	1B. 3 / X I	CAUSE OF DEATH			ONSET AND DEATH
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cardra	anler -	en let	1
Dalmed Dalmed	(This does not mean the mode of dying, e.g.,	DUE TO			
0	heost foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	Chan no	- no -		
E	ANTECEDENT CAUSES	DUE TO			
S C C	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)		0 4.00 - 2 4.00 - 200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
e the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPE	RATION 20 A. AU	O ST? (Yes or No) 20B. IF	YES, WERE FINDIN	IGS CONSIDERED OF DEATH?
Detore	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF home, form, foo DEATH (notify medical examiner)	INJURY (e.g., in or about 21C tory, street, office bldg., INJ	WHERE DID URY OCCUR?	If in Boltimore City,	give exact location)
btained	21D. TIME (Month) (Doy) (Yeo) (Hour) 21E, INJURY OF INJURY (APPROX.) While At Work	Not While At Work	HOW DID INJURY OC	CUR?	
be obt	22. I certify that (I) (this hospital) attended the decease that (I) (we) lost saw the deceased alive on		6 and that in (m)	. ta	11 / 22 19 66
	and hour and fram the couses stated abave. (1) (We) (dia				
I must	23A, SIGNATURE	M.D. Attending Phys.	Med. Stoff Phys.	23 B. I	11 22 /66
approval	23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS		il Ho	SØ .
ddb	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEN	METERY OF CREMATORY	24D. LOCATION	(City, tow	n, or county) (State)

em. Baltimore, Md. 11-25-66 Holy Redeemer
DEPT. 25B. NAME OF REGISTRAR
1966 Plub & Ladry M. A. Ruck Inc Baltimore, Md.

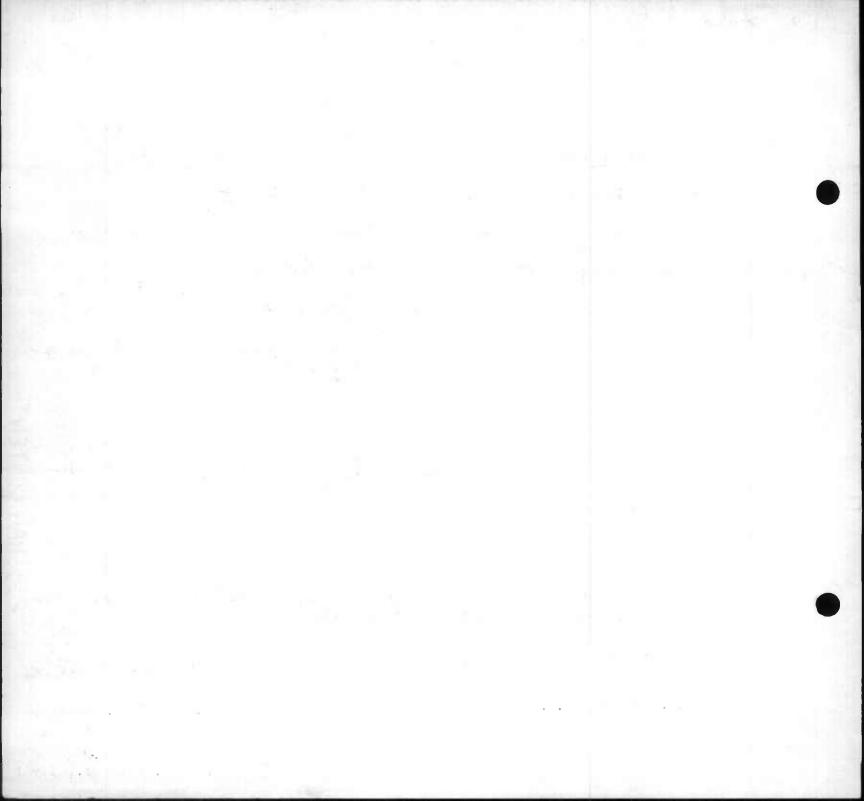
MARYLAND BALTINORE Union Meninal Hosp 342 WHITRINGE AVE 01-06-13 83 NoW E 2 10 1 TALY MARY Rocce BUCULO Ordrivander undet Punna 99 /25/4/25/1 11 / 22 68 11/22/66 solfor min Union Henrich Hap ZOLTAN MELEDAY

VS 150-REV. 1/1/65

			Y HEALTH DEPARTMENT	00 1100
	TH NO. 66 117	Oj. CERTIFICA	TE OF DEATH Registered No.	66 11701
1. N	AME OF DECEASED	e JEFFERIES Ramb	2. DATE AND HOUR OF DEATH	8 7M M
3. P	PLACE OF DEATH IN BALTIMORE, M		4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before odmissign)
F	FULL NAME OF (If not in hospito HOSPITAL OR oddress or locoti	or institution, give street	Maryland	
	NSTITUTION		C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
	6409 Seft	on Avenue	D. STREET ADDRESS (If rurol, give location)	7 03
1	20		6409 Sefton Avenue	
s. s	female white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MATTION	Sept. 25, 1896 9. AGE (In years lost birthdoy) 70	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done	. USUAL OCCUPATION (Give kind of wo e during most of working life, even if retired) housewife		Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Edward Jefferie	S	Mollie Kleve	
13. \ S. \ Yes	Wos Deceosed Ever in U. S. Armed Fisho or unknown) (If yes, give wor or do	rces? les of service) 1 6. SOCIAL SECURITY NO.	Mr. Ellwood Rambo 3017 F	ADDRESS lee twood Ave.,Balto
	18.4.20,01	CAUSE	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION D	IRECTLY	teriosclerotic heart	
	(This does not meen the made of	f dying, e.g., DUE TO	TEPIOSCIEIDICE TEAPT	15 Lyears
Z.	heart failure, asthema, etc. It mean injury or camplication which cause			
	ANTECEDENT CAUSE	S (B)		
	DISEASES OR CONDITIONS, if	any, giving		
	rise to the above cause (A) UNDERLYING CONDITION lost.	slaling lhe (C)		0 00 A6000 0 +0 000 0 +00 0 A 20000000000000000000000000
_	II	4	9	
ATIO	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL	ATED TO THE	cylar fibrillation	
ICA		NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE	FINDINGS CONSIDERED
ERTIFIC	0	RFORMED	IN CERTIFYING CA	
O	OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or about 21C. WHERE DID (If in Baltima office bldg., INJURY OCCUR?	re City, give exoct locotion)
O	DEATH (notify medical examiner)	etc.)		
	OF INJURY (Month) (Doy) (Year	(Hour) 21E INJURY OCCURRED While At Not Wh	21F. HOW DID INJURY OCCUR?	
	(APPROX)	Work At Work		
	22. I certify that (I) (this hospite	A /	19 5 5 to W	/
	that (1) (we) lost sow the decease			Inion death occurred on the date
	ond hour ond from the couses st	ated obove. (I) (We) (did) (did not)	view the body after death.	OND DATE CICKED
	100	M.D. At	tending Med. Stoff	11 - 21 - 66
	23C. PHYSICIAN'S	sanday Ph	23D. ADDRESS	1 21 06
	23C. PHYSICIAM'S NAME (Type) R Dong Id	Landorf M.O	1000 1	Rd
	REMOVAL (Specify)	24C. NAME of CEMETERY OF CI		ity, town, or county) (Stote)
_	burial 11-25		emetery Baltimore,	ild.
25A	A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	Leonard J. Ruck, Inc	Baltimore, Md14
	NUV 24 19t	The Charles of Marinesial	7 1 7 1 7	



	66 11702		HEALTH DEPARTMENT		66 11702
1	H NO. BOKEE MRS Adel	CERTIFICA	TE OF DEATH	Registered No	
1, N	AME OF DECEASED		2. DATE AND	HOUR OF DEATH	45
3. 1	ADELAIDE MARG	ARET BUKEE	1/-18-		itution; residence before admission)
			A. STATE B. COUNT	Υ	monon, residence before odinastion/
	FULL NAME OF (If not in hospital or institution, HOSP)TAL OR oddress or location)	give street	C. CITY OR TOWN (If outs	ide city limits, write RL	JRAL and give towership)
'	NSTITUTION		Battimore		01
	91 Keswick.		D. STREET ADDRESS Of re	rol, give location)	, ,
	* *			4012 Stree	2/
5. 5	Famala lahita WIDOWI	D, NEVER MARRIED D, DIVORCED (specify)	7-10-18 78	AGE (In years ost birthdoy) 96	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10B, KIND C e during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	Hower wife		Battimore, on	d.	W.S.A
13.	FATHERS NAMED Jacob		14. MOTHER'S MAIDEN NAM		
	John J. Requardt		MARY Catherine	ne Dmilh	
15. (Ye:	Was Deceased Ever in U. S. Anned Forces? s,no or unknown) (If yes, give ver or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Records Keswic	k & Mrs. N	eri ADDRESS aylor 216 W. Lanva
	No	215-44-5454	Sweaker	erk R. N.	Kesmek -
	18.450,01	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	65	too 000	10)	3 1101
	(This does not meon the mode of dying, e.g. heart foilure, osthenio, etc. It meons the discoss		(generaliz	od)	- 3900
	ANTECEDENT CAUSES	(B)	,		
	DISEASES OR CONDITIONS, if ony, giving	DUE TO			
	rise to the obave cause (A) stating the UNDERLYING CONDITION tost.			*******************************	
z	II	0	Λ Λ	4-	
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.		chopnen	ionia	2 Week
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AU OPSY? (Yes or No)	20B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CE S	21A. ACCIDENT WAS UNDERLYING 21		or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF ho		fice bldg., INJURY OCCUR?		
EDI	21D. TIME (Month) (Doy) (Year) (Hour) 21 OF INJURY	E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
2	(APPROX)	hile At Work	e		
	22. I certify that (I) (this hospital) attended	the deceased from Da	camper 2/ 19	65 10 line	uter 18 1966.
	that (I) (we) last saw the deceased alive on.	hopember 1	8 1966 ond the	t in (my) (our) opini	an deoth occurred on the date
	and hour and from the couses stated above.				
	23A. SIGNATURE			[238, DATE SIGNED
	W. Trofton Jersper	M.D. After	s. Med. Director P	hys.	horember 18, 1966
	23C. PHYSICIAN'S V NAME (Type)	0	23D. ADDRESS		
	W.G.Hersperger, M.D.	M.D.	The Keswick Hom	e - 700 Wes	t 40th Street
244	REMOVAL (Specify) 24B. DATE 24C.N	IAME OF CEMETERY OF CRE	MATORY 24D. LO		, town, or county) (State)
25A		Loudon Park C	rematory Bal	timore, Ma	ryland
	100 400 0	60 PM	SSTEWART & MODE	EN CO.108 W	.North Av., City 1
VS	150-REV. 1/1/65 NUV 22 1950 0	JJ C. 44-1-7			

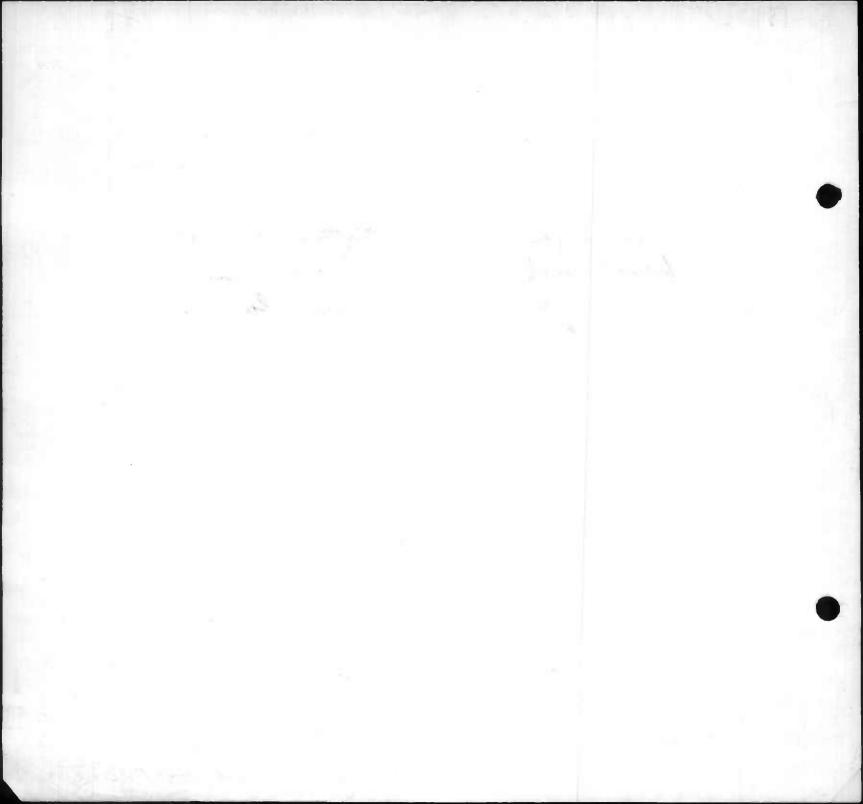


VS 150-REV. 1/1/65

Such

prior to death.

66 11703	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 11703
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered Na.	00 11703
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH	
(Type or Print) ROBINSON	ALINE		Car 18, 196	6 1 C : 35A
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before admission
FULL NAME OF (If not in hospital or insti	tution cive street	ma		
HOSPITAL OR oddress or tocotion)	norion, give sileer		its de city limits, write	RURAY on a give township)
27		Bulti	me	10-02
Mercy Hospita	76	D. STREET ADDRESS (If	rural, give location)	0
7		136 h re	enmoul	an
wi wi	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. It Under 24 H Months Doys Hours Min.
Female Negro	Marriel	Joneary 6 1/919	47	
OA, USUAL OCCUPATION (Give kind of work 10B, K one during most of working file, even if retired)	IND OF BUSINESS OR INDUSTR	111. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
1 Arymode		Tittleton h	Caroleva	USA
B. FATHERS NAME		14. MOTHER'S MAIDEN NA		
Hartet Delt		Milos	Uncent	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	- July	ADDRESS
(es, no or unknown) (It yes, give wor or dotes of s	SECURITY NO.	1000 P.D		12 n 1. 10 Pin 14
	CAUSE	OF DEATH	usu 4	INTERVAL BETWEEN
18. 3 4 X I				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	bools of brain brain o medulle ultiple Perl	1 at the land	11/2/
(This does not mean the mode of dying		a in a com	, Janear	
heart foilure, asthenio, etc. It means the d injury or camplication which caused death		arsin o medelle		
ANTECEDENT CAUSES	(B) N	ultiple Teil	monary	Weels
DISEASES OR CONDITIONS, if any,	DUE TO	descess		
rise to the obove cause (A) slotin			***************************************	
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTR	BUITING		_	
O THE DEATH BUT NOT RELATED I TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		Myocardeal	Februs	year
19A. DATE OF OPERATION 198 CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
WAS PERFORME	D	Yes	IN CERTIFYING CA	USES OF DEATH?
21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	Alf in Boltimore	e City, give exact location)
DEATH (notify medicat examiner)	efc.)	olinee orage, INSORT OCCOR:		
21D-TIME (Month) (Doy) (Year) (Hou	1) 21 E. INJURY OCCURRED	21F. HOW DID IN.	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh			
	Work Al Work			
22. I certify that (1) (this hospital) atte			1966 10	o co By / 19 66
that (1) (we) last saw the deceased aliv	re an November	8 19 66 ond th	nat in (my) (aur) opi	nion death occurred on the d
and haur and from the causes stated ab	ave. (1) (We (did) (did nat)	view the body after death.		
23A. SIGNATURE			25 -2	23 B. DATE SIGNED
John of St		tending Med. ys. Director	Stoff Phys.	Nov. 18, 1966
23 CPHYS/CIAN'S NAME (Type)		23D. ADDRESS		
John GARY 6	WEEN M.D.			
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CI	REMATORY 24D. L	OCATION (C	ity, town, or county) (State)
REMOVAL (Specify)	net Or by	(be t	Prolls	mo
25A. DATE REC'D BY HEALTH DEPT. 25B. N	IAME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
NOV 22 1066 (A)	0 60 5 0	3 80 hall	1. 1000 100	- P- 2 - 1 TE 1



Such

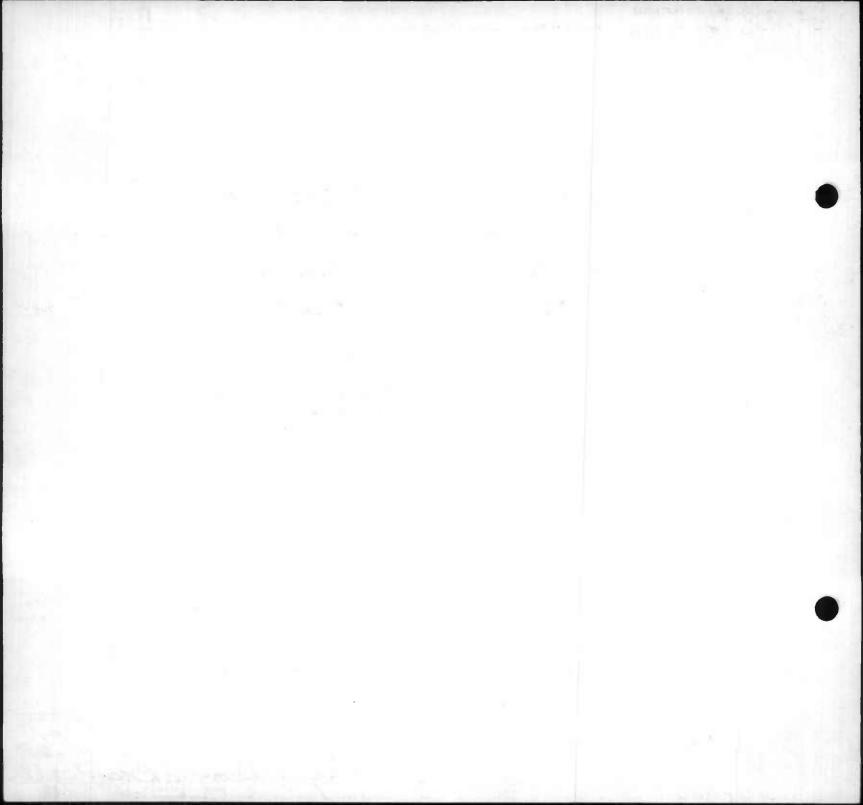
prior ta death.

and

a haspital

	BALTIMORE CIT	Y HEALTH DEPARTMENT
1	ORTH NO. 66 11704 CERTIFICA	ATE OF DEATH Registered No. 66 11704
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Logan, Mr.	2. DATE AND HOUR OF DEATH 11/17/66 8:40 A
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give street oddress or locotion) INSTITUTION (1) Prace of DEATH IN BALTIMORE, MARYLAND (1) TO DEATH IN BALTIMORE, MARYLAND (2) TO DEATH IN BALTIMORE, MARYLAND (3) TO DEATH IN BALTIMORE, MARYLAND (4) TO DEATH IN BALTIMORE, MARYLAND (5) TO DEATH IN BALTIMORE, MARYLAND (6) TO DEATH IN BALTIMORE, MARYLAND (6) TO DEATH IN BALTIMORE, MARYLAND (6) TO DEATH IN BALTIMORE, MARYLAND (7) TO DEATH IN BALTIMORE, MARYLAND (8) TO DEATH IN	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY A by and C. CITY OR TOWN (If outside city limits, write RURAL and give township) Batimore
ó	46	D. STREET ADDRESS (If rural, give location)
is mad	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) Marriad	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
spasitian	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired) House wife 13. FATHERS NAME	11. BIRTHPLACE (Stote or foreign country) Arunde Lounty Md. 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME
dispa	Jihn H. Tucker 15, Was Deceased Ever in U. S. Armed Forces? 16, SOCIAL	17. INFORMANY STANS BUTY ADDRESS
tınal	(Yes, no or unknown) (III yes, give wor or doles of service) SECURITY NO. 2/5-12-97/8	Mildred E. Tucker 2703 Violet he.
0	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
palmed	heart foilure, asthenio, etc. It means the disease,	erebrovascular Recident
ns are em	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	apentensine Anteriosoferational disease
the remains	DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
e the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
abtained befare	OR CONTRIBUTING CAUSE OF home, form, loctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exact locotion) office bldg., INJURY OCCUR?
ained	21 D. TIME (Month) (Day) (Yeor) (Hour) 21 E. INJURY OCCURRED While At Work Not Work	k 📙
be abt	22. I certify that (I (this haspital) attended the deceased from that (I (we) last saw the deceased alive an November 1.)	19 44 and that in (my) (our) opinion death occurred on the dat
must	and hour and from the causes stated above. (1) (We) (did) (did not)	view the body after death. 23B. DATE SIGNED
8	23C. PHYSICIAN'S	Med. Director Phys. 23D. ADDRESS
rav	NAME (Type) + C RI L	1- when there the

100001 24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) (Stole) REGISTRAR 25B. NAME OF R 250 FUNERAL DIRECTOR VS 150-REV. 1/1/65



6	11705	BALTIMORE CITY HEA
	1 1 00	

LTH DEPARTMENT

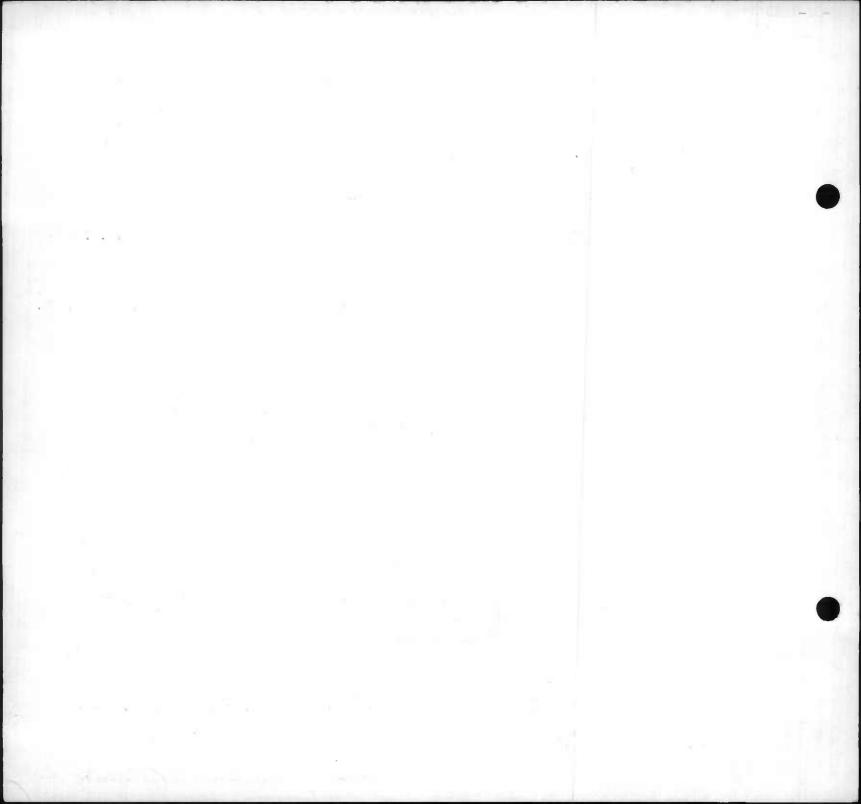
F	Registered I	No	66	11	705	
ND H	OUR OF DEA	ATH			2.0	-

been	TH NO. CERTIFICA	TE OF DEATH	Registered No.	65 11/05
1. N	E CASE NO.	2, DATE ANI	D HOUR OF DEATH	200
	pe or Print) Charlote Horrison		-66	7 20 PM M.
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceased lived. (f TY	institution: residence before admission)
	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If auts	ide eite tieriteite	PHDA1 and in America
	INSTITUTION			21205 7-04
1	Red at the state of	D. STREET ADDRESS RET	ural, give lacation)	
J	Johns Hopkins Hospital	1029 N. GA		
5. 5	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (specify)	(. AGE (tn years ast birthday)	Manths Days Hours Min.
10A	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	8-29-10	in country)	12. CITIZEN OF
dan	ne during most of working (ile, even if retired)	Galto	mad	WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	NE NE	MAR
	WAVERLY NEAL	LUCINDA		
15. (Ye	Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	m)	Jula real	1012 mc	Conale Il
	IB. / 6 3 X I CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	removand	1	Menor
	(This does not mean the made of dying, e.g., healt failure, asthenia, etc. It means the disease,	1	(uz.g	e qeoq
	injury or complication which caused death.)		*	
				· · · · · · · · · · · · · · · · · · ·
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)			
	UNDERLYING CONDITION losi.			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
ATIC	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING (T.			
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
AL	OR CONTRIBUTING CAUSE OF hame, farm, factory, street, a etc.)	in ar about 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Baltima	re City, give exact (acotion)
EDIC	21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
2	OF INJURY (APPROX.) While At No! White At Work At Work			
	22. I certify that (I) (this hospital) ottended the deceased from		966 ta 11	
	that (1) (we) last sow the deceased alive an	19 66 ond the	it in (my) (our) ap	inion death occurred an the dote
	and hour and from the causes stoted obove. (1) (We) (did) (did not)	view the bady ofter deoth.		
	R.M. Winelow M.D. Att	ending Med.	Staff Phys.	11-16-66
	23 C. PHYSICIAN'S NAME (Type) R.M. WINSLOW M.D.	Johns Hone	sin H	reputal.
24/	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CR		CATION (City, Ywn, ar caunly) (State)
	Burial 11-21-66 191. Aubum	Coul	BALTO	mel
25/	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	~	ADDRESS
1	1404 MM 1900 (MMON) 0 15 4 40001 1	Steward Wilso	~1000 BC	until pe
Λ.2	150-REV. 1/1/65	,		/

T.T.

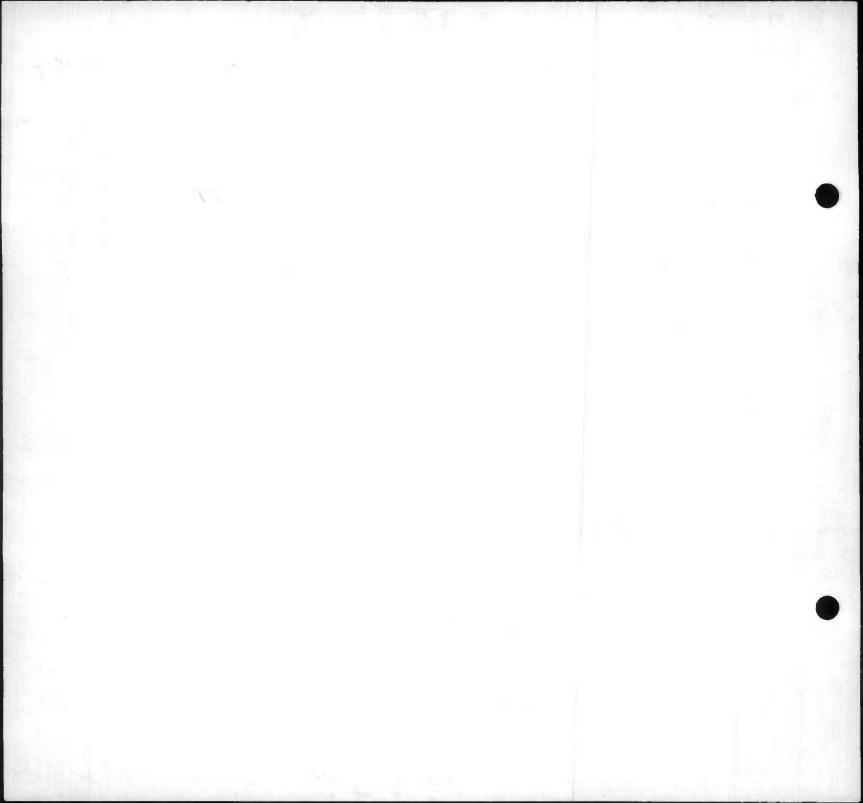
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, Such written approved must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

BIRTH NO.	66 11706		ATE OF DEATH	Registered No.	66 11706
M.E. CASE NO.	CEASED		DATE A	ND HOUR OF DEATH	
(Type or Print)	10 1/ = 11/ = 11 = 1/			15-66	5155 0
3. PLACE OF D	EATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived. If in	nstitution: residence before odmission
			A. STATE B. COU Maryland		on a County of
FULL NAME HOSPITAL OF		tion, give street	C. CITY OR TOWN (If o	utside city limits, write	re County RURAL and give township)
Roltimo	re City Hospitals	91	Baltimore		53-00
	stern Ave.	7		f rurol, give location)	0 0 00
Baltimo	re, Maryland		404 Avono	dale Road # 2	21222
5. SEX	6. RACE 7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdox)	If Under 1 Yr. If Under 24 His Months Doys Hours Min.
Male	Negro	Widowed	5-16-14	52	
	CUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or for	reign country	12. CITIZEN OF WHAT COUNTRY?
done during most c	ol working lile, even if retired)		Maryland		U.S.A.
13. FATHER'S NA	AME		14. MOTHER'S MAIDEN NA	AME	
To	hn Jones		Rena		
5 Was December	ed Ever in II S Anned Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS# 21224
(Yes, no or unknov	vn) (If yes, give war ar dates of sen	SECURITY NO.			
Yes	Unknown		BCH: Records A	1940 Eastern	Ave. Balto., Md.
18. hay 0	20.01	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIRECTLY LEADING TO DEATH		, 0 /	. 6 .	110
(This does	nal mean the mode of dying,	e.g., DUE TO	CUIT / JACIUU	al Endocara	1/15 3 GWRS
heart failure	e, asthenia, etc. II means the dis	ease,	1		
injuly or co	amplication which caused death.)	GORT	OC NSOFFICIENCY	- Con Her	· 2 5 whs
	ANTECEDENT CAUSES	DUE TO	ALLURE - FRENCY	James La	/5
	OR CONDITIONS, if any, g the above cause (A) stating	111119	+ ~ A		
UNDERLYII	NG CONDITION last.	· · · · · · · · · · · · · · · · · · ·	.he. QT.I		
	11				
OTHER SIG	NIFICANT CONDITIONS CONTRIB	UTING .7	0.11		91.070
DISEASE O	DEATH BUT NOT RELATED TO	i Coron	cry Emboli		2hrs P.T. Deat
19A.DATE (OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or h	10) 208. IF YES, WERE	FINDINGS CONSIDERED
# 1			Yes		YES
OR CONTROL	BUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Boltimor	re City, give exact location)
DEATH (not	fy medical examiner)	etc.)			
OF INJURY	(Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROX)		While At Not Wh			
22 1			11 - 5	10 //	11-15 -11
	y that (1) (this hospital) otten	2 4 4 200		19 <u>F</u> G. to	11-15 1966
thot(() (w	a) last sow the deceased alive	on	19 44 ond	that in (my) (eus) opi	inion deoth occurred an the da
	nd from the couses stated abo	ve. (1) (We) (did) (didmet)	view the body ofter death	•	
23A. SIGNA	TURE				23B. DATE SIGNED
Hich	and Illatiles	neli M.D. A	ttending Med. Director	Stoll Phys.	11-15-66
23C. PHYSIC NAME		J	23D. ADDRESS		
	hard Maffezzoli	M.D	Baltimore City 4940 Eastern A	ve. Baltimor	e. Md # 2322/
		4C. NAME of CEMETERY of C			ity, town, or county) > (Stote)
REMOVAL	(Specify) 24B. DATE 2	12 1/ W.A	0.1	noon	
Dum	X 11-26-00	1 relle scal	Cay !	sallo	sne!
25A. DATE REC	LOLL CO 4000	ME OF REGISTRAR	25C FUNERAL DIRECTO	1. 1	ADDRESS
	MUV 22 1966 (18	10. 8- 8 . Ja. O. B	* Kuoy O.W.	resolon	Deleuty L
VS 150-REV, 1/	1/65	,			



This certificate must be approved by the chief medical examiner or his assistant if death occur	death occ
the body was released to the hospital by a medical examiner. Also, if the direct or contri	t or contri
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermi	Undetermi
was D.O.A. at a hospital (except where the physician who pronounced death was in regu	as in regu
deceased arior to death), and (A) No abscision was in requilar attendance on the deceases	A decease

	66 11707 BALTIMORE CITY	HEALTH DEPARTMENT
	H NO. CERTIFICA	TE OF DEATH Registered No. 66 1171
1, N (Typ	LACE OF DEATH IN BALTIMORE MARYLAND	2. DATE AND HOUR OF DEATH 11:15 14. USUAL RESIDENCE (Where deceased lived. If institution: residence before of
H	ULL NAME OF (If not in hospital or institution, give street OSPITAL OR oddress or location) ASTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL old rectownship)
1	Scott Nersing Home 2309 Roplyn	D. STREET ADDRESS (If rural, give location) 507 N. CALLOW ST
	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH 9. AGE (In years Inder 1 Yr. If Under North N
	during most of working life, even if retired) House Name ATHERS NAME	Fridick Contry? 19. MOTHER'S MAIDEN NAME WHAT COUNTRY? N. J. A.
15. (Yes	Vas Deceased Ever in U. S. Armed Forces? No or unknown) (II yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	Tuilva Brawn ADDRESS
	Tari	F DEATH INTERVAL BETWONSET AND DE PIOSCHErotic heart disease 14r.
	UNDERLYING CONDITION last.	
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
CERTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	no certifying causes of death?
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, farm, loctory, street, etc.)	n or about 21C. WHERE DID (If in Baltimore City, give exact location) ffice bldg., INJURY OCCUR?
MEDI	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While AI Not Whi Work AI Work	
	22. I certify that (I) (this hospital) ottended the deceosed from that (I) (we) lost sow the deceosed alive on Nov. 14 ond hour and from the causes stated above. (I) (We) (did) (did not)	19 6 ond that in (my) (eve) opinion death occurred on
	Wentom B. Hurring M.D. All	ending Med. Stoff Phys. 238. DATE SIGNED
24	23C. PHYSICIAN'S NAME (Type) ABRAHAM B. HURWI 72 M.D. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CR	750/ Liberty Road Beltimore A
C	REMOVAL (Specify) Ur-17L J-19-66 Fredick Com Date REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
1	MUY 66 1900 (160 of E. Jahren	Lhonory Do Wilson 1000 Brankte



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

	66 11708	BALTIMORE CITY	HEALTH DEPARTMENT		CC 14000
11	BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	66 11708
	M.E. CASE NO. I, NAME OF DECEASED Type or Print)	1A	2. DATE ANI	HOUR OF DEATH	
	PLACE OF DEATH IN BALTIMORE, MARYLAND	Kereus	A USUAL RESIDENCE (Where	deceased lived. If inst	Mitution: residence before admission)
	S. FEACE OF BEATH IN BALLINGS .		A. STATE B. COUNT	TY O	monon, lesidence belove buttwasigns
	FULL NAME OF (If not in hospital or institution, give oddress or location)	street	C. CITY OR TOWN (If our	side city dimits, write RU	JRAL and give township
	INSTITUTION		Bri	Uto	1500
1	02314 Ashburton St.		2316 ash	urol, give locotion)	4
	6. RACE 7. MARRIED, NEV	YER MARRIED YORCED (specify)	B. DATE OF BIRTH	ost bidbday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min,
#	Jenuel Cohered Wid	ow	Jan 4-1884	F2	
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS done during most of working life, even if retired)	INESS OR INDUSTRY	BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Jousevije		Balls me		MSA
	13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	AE /	
	Lotat Culis		Eleger &	acksor	_
		SOCIAL SECURITY NO.	17. INFORMANT	7	ADDRESS
	no		lane Er	eur	sun
	18.4.2.2.1	CAUSE O	F DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C32011	15/42254 00	D.1921	e Makhenyy
	(This does not meon the mode of dying, e.g.,	DUE TO	, C 2 C 0 1 C F	2000	COVICIONA
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)				
	ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	(C)			
	UNDERLYING CONDITION losi.	(0)			
	Z II				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	H OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
	198. CONDITION FOR WHICE				
	U 21 A. ACCIDENT WAS UNDERLYING 218. PLA		n or obout 21C. WHERE DID fine bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJ	URY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
	(APPROX.) While A	Not While	e 🗌		
Ш	22. I certify that (I) (this hospital) attended the d	eceased from	1 52 him	\$ 4 10 MO	4, 18 1966
	that (I) (we) last sow the deceased alive an	de Vilb	190 and the	ot in (my) (out) opin	ian deoth accurred an the dat
	and hour and fram the causes stated above. (1) (*	e) (did) (did net) v	iew the body after death.		
	23A. SIGNATURE	44.5	-diag - Mad -		238. DATE SIGNED
	Million Jorking	Phy	s. Director	Stoff Phy s.	11-51-64
	23C. PHYSICIAM'S NAME (Type)	1-1 M.D.	23D. ADDRESS 515.42	egras Dr.	10 M of 1256 -
		of CEMETERY or CRE	MATORY 24D. LC	CATION (City	, town, or county) (State)
	Busine 11-23-16 Culs	the Co.		Mr. Ille	mxX
	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF RI	EGISTRAR	2SC. FUNERAL DIRECTOR	1	ADDRESS
	MAY 99 1000 A 0 06	2 7-17 up	Chor Con	Scor /cra /-	Greenttes al
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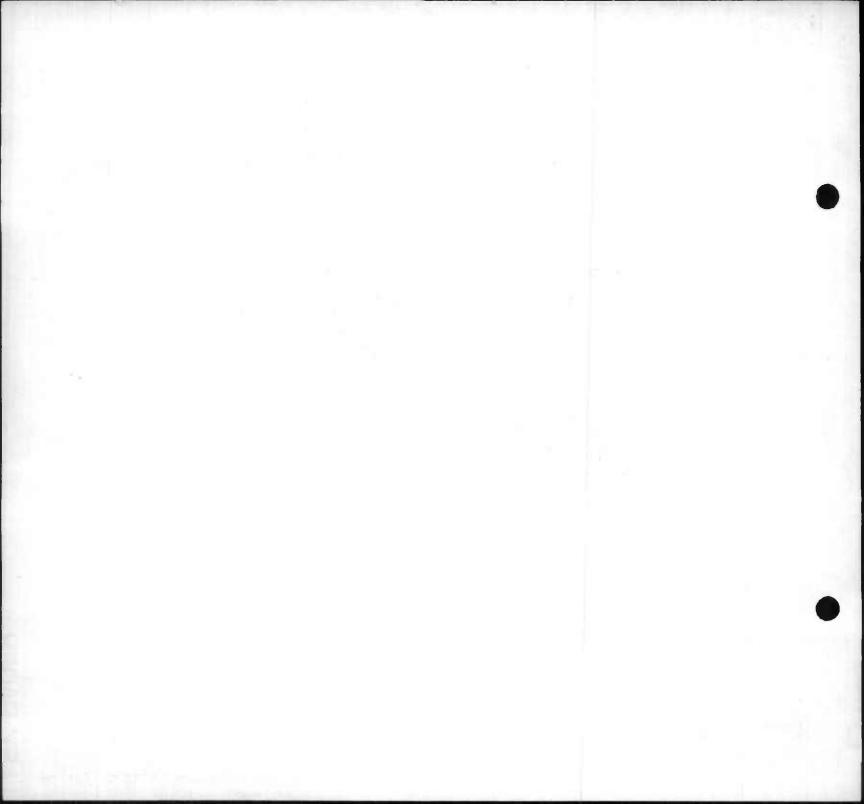
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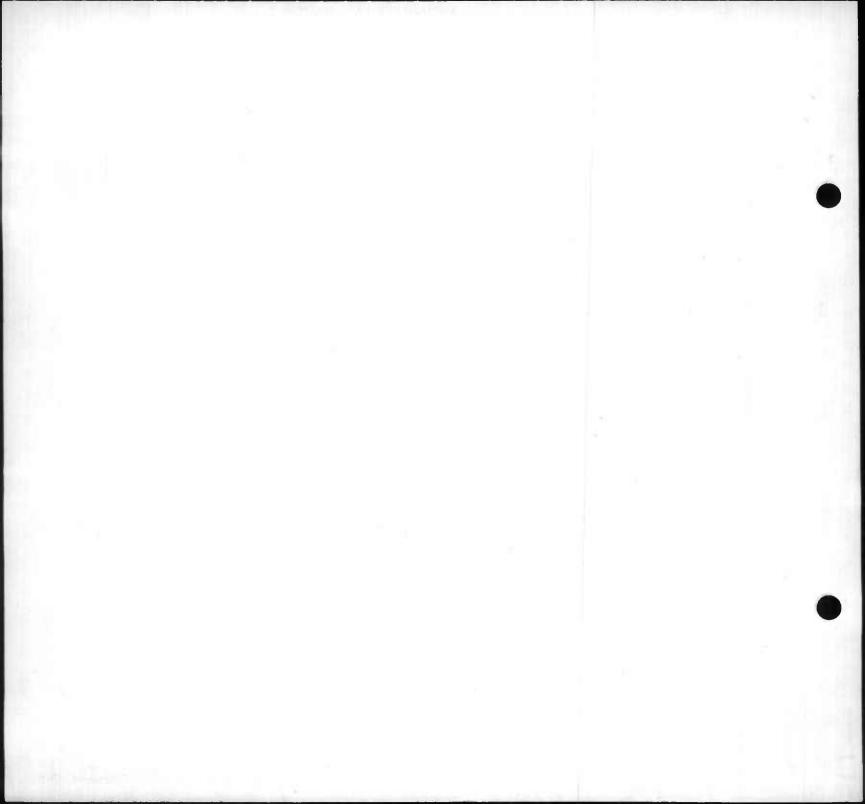
CERTIFICATE OF DEATH

Registered	No	_66	11	709

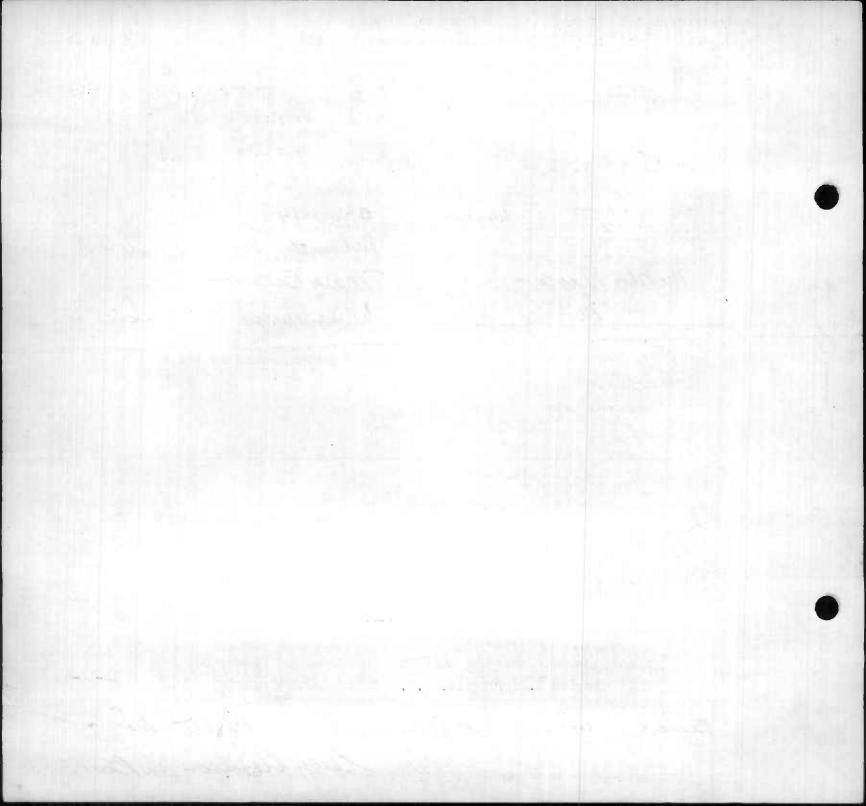
M.E. CASE NO.	ATE OF DEATH	
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
George w. Beastey	11/21/66	8:30 A
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If instit A. STATE 8. COUNTY	ution: residence before admission
FULL NAME OF flf not in hospital or institution, give street	Marvland	
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN Ill outside city timits, write PUF	RAL and give township)
2 3	Baltimore	
The Takes Weeking Weeking	D. STREET ADDRESS (If rurol, give location)	
The Johns Hopkins Hospital	221 North Collington	
WIDOWED, DIVORCED Ispecify)	lost birthdoy)	f Under 1 Yr. If Under 24 H Nonths Doys Hours Min.
Male Negro Widower OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	9/1/85 81	12. CITIZEN OF
one during most of working life, even if retired)	ALL O	WHAT COUNTRY?
	South Consture	USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James Beasley	Margaret	
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
no 216-01-6123 A	marguel Change	
	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	25.1	ONSET AND DEATH
LEADING TO DEATH	ASCUD-?CUA	
(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,		
injury or complication which coused death,)		
ANTECEDENT CAUSES		*** *** ******************************
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)		
underlying condition lost.		
II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1+. 1.01.	
disease or condition causing it.	20A. AUTOPSY? (Yes or No) 20B. (F) YES, WERE FIN	DINCE CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSE	ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	p., in or obout 21 C. WHERE DID (If in Boltimore C	ily, give exact facation)
DEATH (notify medical examiner) etc.)	office bldg., INJURY OCCUR?	
21D. TIME IMonth) IDoy) IYeorl (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
▼ OF INJURY White At Not W	/hile [
Work Al Wo		
22. I certify that (I) (this hospital) attended the decreased from	11/9 1966 10 11/2	19.6.
that (1) (we) lost sow the deceased clive on		in death occurred on the
and hour and from the couses stoted obove. (I) (We) (did) (did not		
23A. SIGNATURE		BE DATE SIGNED
Tolan T serant	Phys. Director Phys. Director	11/21/66
23C. PHYSICIANS NAME (Type)	23D. ADDRESS	
John Sergent M.	The Johns Hopkins H	
14A. BURIAL CREMATION, 24B. DATE 24C NAME of CEMETERY of CREMETERY OF	CREMATORY 24D. LOCATION (City.	lown, or county) (Stote
Bureal 11-2066 Net-aren	lin Ballo	na
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
may so socs of a file Jailly na	leroy O Walser 400 /	purely the
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	BALTIMORE CIT	Y HEALTH DEPARTMENT
	MRTH NO. 66 11/1.0 CERTIFICA	ATE OF DEATH Registered No. 66 11710
	INAME OF DECEASED ANNIE MAE MANKS	2. DATE AND HOUR OF DEATH
	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased fived, if institution: residence before admission
	FULL NAME OF (If not in hospital or institution, give street	MA LI (LANG)
	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN At outside city limits, write RURAL and give township
	00 2014 E. Fayette ST.	D. STREET ADDRESS (If rurol, give location)
		2014 E. TAYUTE ST.
	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 H. Months Days Hours Min,
-	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIATHPLACE (State or foreign country) 12. CHIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired) Has a 3 e w 1 fa. None	Christian Springs Miss. a.s. A.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
ľ	Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
ŀ	18. 4- 4-3 X I CADSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	n Doctorson Contro
	(This does not mean the mode of dying, e.g., DUE TO	
	injury or complication which coused death.)	o When Isens
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving	
	rise to the above couse (A) stating the (C)	
	_ 11	
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A, ACCIDENT WAS UNDERLYING	in or obout 21 C. WHERE DID (If in Baltimore City, give exact tocolion)
I	DEATH (notify medical examiner) etc.)	office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
	(APPROX) Work At Work	7/0/15
	22 a certify that (I)(this hospital) ottended the deceased from that (I)(we) lost sow the deceased alive on	ond that $lq(m)$ (our) opinion deoth occurred an the do
	ond hour and from the couses stated above. (I) (We) (did) (did not)	
	23A. SIGNATURE	23B. DATE SIGNED
	23C. PHYSICIANS	ttending Med. Director Phys.
	NAME (Type)	1011 by Laranelle a
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION City, town, or county1 (Stote)
	BURIAL 11-22-66 MT Auburi	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
H	man as sace in a Bo C what her Pale	LA MAY U WILSON 1000 Promiting fre



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Registered	No.	66	11	11	3

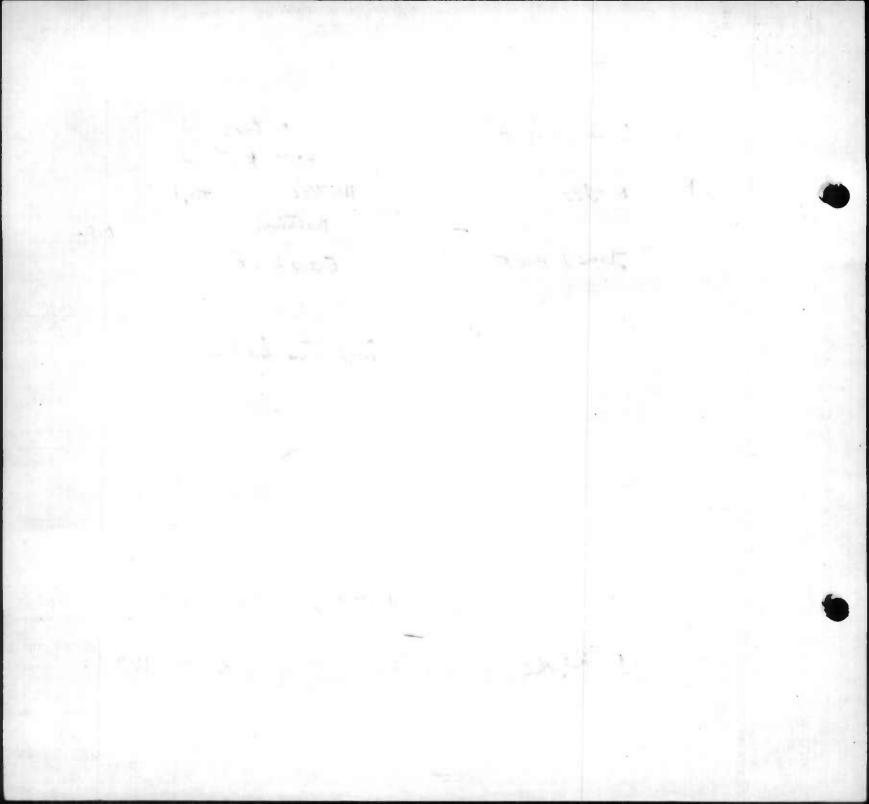
	TE OF DEATH	Registered Na	
1. NAME OF DECEASED	2. DATE AND H		C- A
MAGGIE S. FOUST	11-20	-66	8 A M
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY	ceosed lived. If in	stitution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street	MARYLAND		
HOSPITAL OR oddress or locotion)	C. CITY OR TOWN (If outside	city limits, write	RURAL and give township)
NASTION NA	BALTIMORE		5-06
00	D. STREET ADDRESS (If rurol,	give location)	
2007 Braddish Avenue	2007 Braddish	Avenue	
6. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. A	GE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
F. N. WIDOW WIDOW WIDOW	April 4,1889	birthdoyl 77	Months Doys Hours Min,
0A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF
fone during most of working life, even if retired)			WHAT COUNTRY?
Domestic	Troy, North Ca	rolina	U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Dudler	Harriet Hay	hoow	
Dudley Haywood 5. Was Decosed Eyer In U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	1100a	ADDRESS
Tes, no of unknown (If yes, give wor of doles of service) SECURITY NO.			
284-30-0297	Mrs. Mary Lee	Jones	2007 Braddish A
18. AL CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	+	-	
LEADING TO DEATH	RIENSIVE	carac	10-
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,			
injury or complication which coused death.)	iscular di	seas	
ANTECEDENT CAUSES (B)	enebool	- 00-00 de manon y donna a a portugue, qua	6years
DISEASES OR CONDITIONS, if ony, giving	hemoural	nage	1000
	10	1611	
UNDERLYING CONDITION last.			
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	+		
TO THE DEATH BUT NOT RELATED TO THE 1) 1 0 60	tes mullit		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE CERTIFYING CA	FINDINGS CONSIDERED
WAS PEPEODAFD		- PRINT HITTY CA	
WAS PERFORMED			osts of brain:
U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical examiner) etc.]	n or obout 21 C. WHERE DID	(If in Boltimore	
U 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?		
U 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?		
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	n or obout 21C. WHERE DID fince bidg., INJURY OCCUR?	OCCUR?	City, give exact location) V. 20 1966
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) lost saw the deceased alive an ond hour and fram the causes stated about (1) (Washington) (2) (Machington) (2) (Ma	21F. HOW DID INJURY 21F. HOW DID INJURY 19 6 0 ond that in	occur? to No (my) (our) opi	City, give exact locotion) 1966 nion death occurred an the data 238. DATE SIGNED 11-22-66

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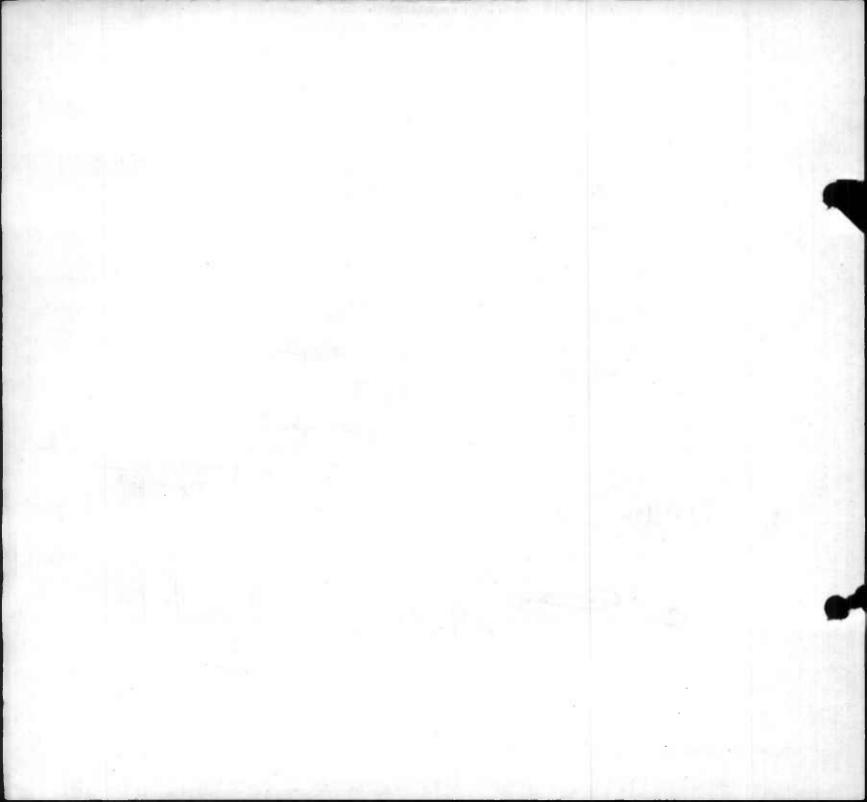
	This certificate must be approved by the chief medical examiner or his assistant if death occurred to the hospital by a medical examiner. Also, if the direct or contributed to the hospital by a medical examiner.	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermine	was D.O.A. at a hospital (except where the physician who pronounced death was in regula	deceased prior to death); and (6) No physician was in regular attendance on the deceased	written approval must be obtained before the remains are embalmed or final disposition is made
APORTAN	his assistant	of any kind;	inced death	endance on	d or final d
ECTOR: IA	xaminer or	A fracture o	who pronou	regular att	are embalme
FUNERAL DIRECTOR: IMPORTANT	nief medical e	ody burns; (3	he physician	sician was in	the remains
5	ved by the cl	nature; (2) B	ept where t	d (6) No phy	nined hefore
•	ust be appro	dent of any	nospital (exc	death); and	must be obt
	icate m	An acci	A at a h	prior to	Invovad

CERTIFICATE OF DEATH Registered No. 1. NAME OF DECASED	610-245550 11711	BALTIMORE CITY H	HEALTH DEPARTMENT		
INAMA OF DECASED Hutch A USUAL RESIDENCE When decoded lived. If institution residence before the property of the propert	BIRTH NO. OU LL/1.12	CERTIFICAT	E OF DEATH	Registered Na.	66 11/14
FULL NAME OF OF HOSPITAL OR OF HOSPI	1. NAM JOF DECEASED HICKS		11.1-	21/66	194
5. SEX F (6. RACE 7. MABRIED NEVER MARRIED WIDOWED, DIVORCED (specify) 11/7/66 (see third see the seed of the seed	FULL NAME OF (If not in hospitot or institution, give	e sheet	C. CITY OR TOWN (III o	NTY utside city limits, write l	
Indicate	46		4017	Kuthland	aul,
CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DISEASE OR CONDITION S. I only, giving rise to the obeve cause (A) stoling the UNDERLYING CONDITION CONTRIBUTING ODD TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING ODD TO CAUSE OF OF DEATH CAUSE OF DEATH C				lost birthdoy) Ady	Month's Doys Hours
To, Was Decessed Ever in U. S. Armed Forces? 15, Was Decessed Ever in U. S. Armed Forces? 16, SOCIAL SECURITY NO. 17. INFORMANT F. Hicks - Hold Hold Hold Hold Hold Hold Hold Hold		USINESS OR INDUSTRY	Canada .		WHAT COUNTRY?
18.4 1 CAUSE OF DEATH 18.4 CAUSE OF DEAT	13. FATHERS NAME James Hicks	[9.		/	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heotifoliture, ostheria, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION AUSING IT. 110 OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING WAS PERFORMED WAS PERFORMED WAS PERFORMED WAS PERFORMED WAS PERFORMED TO THE DEATH (nosity medical examined) 21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO ROOM TO THE CONTRIBUTING CAUSES OF DEATH? 21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTION OR	15. Was Deceased Even in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	CC CLIPITY ALC:	7. INFORMANT		. / / /
218. PLACE OF INJURY (e.g., in all about 21C. WHERE DID (If in Boltimore City, give exact location of the body of the course of the body after death.) 218. PLACE OF INJURY (e.g., in all about 21C. WHERE DID (If in Boltimore City, give exact location bome, form, foctory, sheet, office bldg., INJURY OCCUR? 210. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 211. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 212. I certify that (I) (this hospital) attended the deceased from 11/70 1966 to 196	heori failure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(B)			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) CAUSE OF DEATH (notify medical examiner)	WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? While At Not White At Work 22. I certify that (I) (this hospital) attended the deceased from 11/7/0 1966 to 1/2/ that (I) (we) last saw the deceased alive an 1/2/ 1966 and that In(pr) (our) apinion death accurred and hour and from the causes stated above. (We) (did) (HH TOT) view the body after death. 23A. SIGNATURE M.D. Attending Med. Staff Phys. 1/21/66	OR CONTRIBUTING CAUSE OF home,	form, foctory, street, office	e bldg., INJURY OCCUR?	tif in Bolfimore	e City, give exoct locotion
that W (we) last saw the deceased alive an 11/2 19.65 and that In (pr) (our) apinion death accurred and hour and fram the causes stated above. W (We) (did) (####################################	21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN OF INJURY While	At Not White		JURY OCCUR?	
23A, SIGNATURE T. Reface M.D. Attending Med. Stoff Phys. 11/21/66					
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	that (M) (we) last saw the deceased alive an	(We) (did) (did-not) vie M.D. Atten. Phys.	and the body after death	hat In (pg) (our) api	nion death accurred a
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) DULIAL 11-22-66 MT CALUARY 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	that M (we) last saw the deceased alive an	(/ 2) / (We) (did) (dd noi) vid M.D. Atten Phys.	aw the body after death Med. Director D. ADDRESS AATORY 24D.	Stoff Phys. LOCATION (C.	23B, DATE SIGNED 11/21/66 ity, town, or county)



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the body was released to the hospital by a medical examiner.	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased pr	700
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	ULL NAME O			give street	Marylan	20	
	NSTITUTION	oddress or locat	ion)		C. CITY OR TOWN	(If outside city limits, with	RURAL and give township)
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61	1716	BALTIMORE CITY HEALTH DEPARTMENT

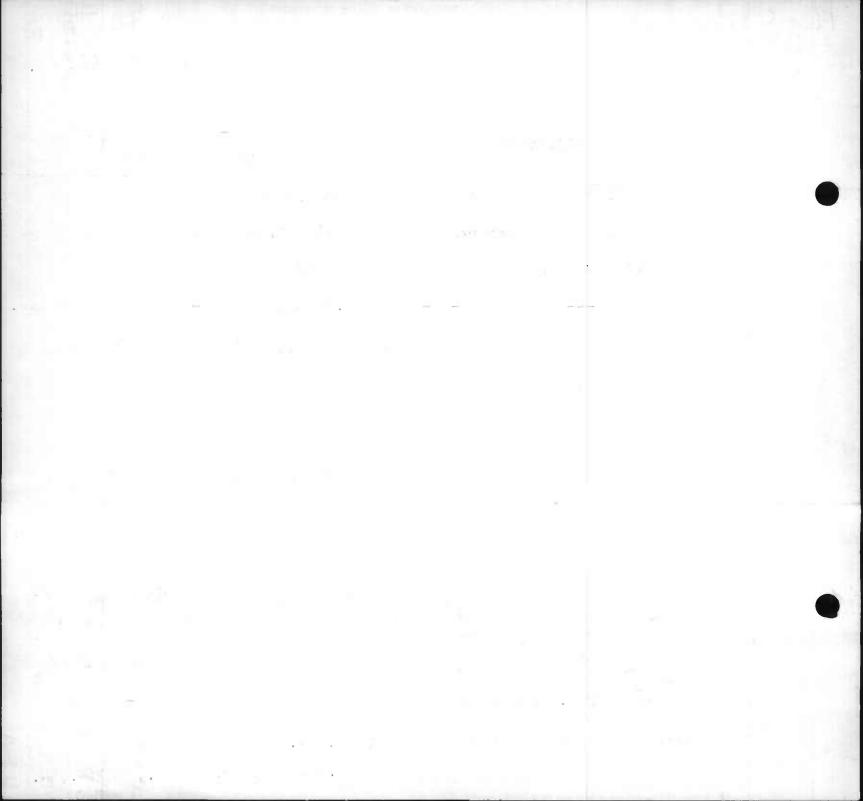
BIRTH NO.	J. J	MEDICAL EX	KAMINER'S C	ERTIFICATE OF	DEATH Regist	ered NGG 11716
M.E. CASE NO.						00 2.1.73.0
1. NAME OF DE	ECEASED	J. HENRY	BENHOFF .IR.	November 21, 1966 10:50 A. M.		
3. PLACE IN BAI		LAND, WHERE				titution: residence before odmission)
				A. STATE Maryland	B. CO	UNTY
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS	OR LOCATION)	JTON, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
44	Union Me	morial	(DOA)	Baltimon		20-00
99	onion rie	mor Lar	(DOA)		rkside Drive	
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)		If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male	White			3/10/1893	73	
IOA. USUAL OCC			F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Retired-		Oi		Maryland		U.S.A.
13. FATHER'S NA	ME			Maryland U.S.A.		
John H	Henry Be	enhoff		Susana Dittmar		
		S. ARMED FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
No.	in it yes, give v	vor ar dales at service	214-01-701	Mrs. Ellam	ae Benhoff	(Same)
1B. 17 9	1.0			OF DEATH	~ O D OI II I O Z Z	INTERVAL BETWEEN
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(This does	nat mean the	made of dving e.g.,	DUE TO	CITOBOTOTOTIC III	Tare arbeabe	
heart foilur	e, osthenio, etc.	It means the discose, h coused death.)	501.10			
	ANTECEDENT	CAUSES	(R)			
DISEASES	OR CONDITION	DNS, IF ANY, GIVING USE (A) STATING THE	DUE TO		••••••••••	n 20 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
UNDERLY	ING CONDITIO					
NO			(C)			
OTHER SI	CHIEICANT CON	NDITIONS CONTRIBUTI	NG			
O THE	DEATH BUT	NOT RELATED TO 1				
-	OR CONDITION	19B, CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	DOR IE VES WEDE E	INDINGS CONSIDERED
B 174. DATE 0		WAS PERFORMED	WHICH OFERATION		IN CERTIFYING CAU	
21 A EXTERN	AL CAUSE WAS	S 218	PLACE OF INITIRY (a.c.	in or about 21C. WHERE DID	(If in Boltimore City of	ive exact location)
O UNDERLYING	OR CONTRIB	home	e, form, factory, street,	office bldg., INJURY OCCUR?	til in banimare City, g	ive exact (acailon)
E 21D TIME	(Month) (D	ay) (Yeor) (Haur)	TE. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.)		m.	WHILE AT NOT AT W	WHILE ORK		
22.	ertify that I he	ld an Inquiry	Inspection X Aut	topsy and that an t	his basis, death In	my oplalan
	-	_	Accident Suicid		· ·	
rest	ulted from: No	atural causes X	Accident Suicid		and the same	er [
ACTU	AL P	111	1.0	CHIEF MEDICAL E		DATE SIGNED
SIGNA		all . I	M.D.	ASSISTANT MEDICAL E		1 01 1066
NAME	(Type)	arles S. Spr	ingate, M.D.	ASSOCIATE MEDICAL E	EXAMINER N	ovember 21, 1966
23A, BURIAL CR REMOVAL (Spec		L DATE 23	C. NAME OF CEMETERY	CREMATORY 23D.	LOCATION (City	r, tawn, or county) (State)
Burial	1.	1/25/66	Mt. Carme	В	altimore.	Md.
24A. DATE REC'I		1 -1	OF REGISTRAR	24C. FUNERAL DIRECTO)R	ADDRESS
			. 0 7 0			o. 4905 York R
	MBW 22	1988 (1) ()	Por E John Mil		Ba	lto.12, Md.
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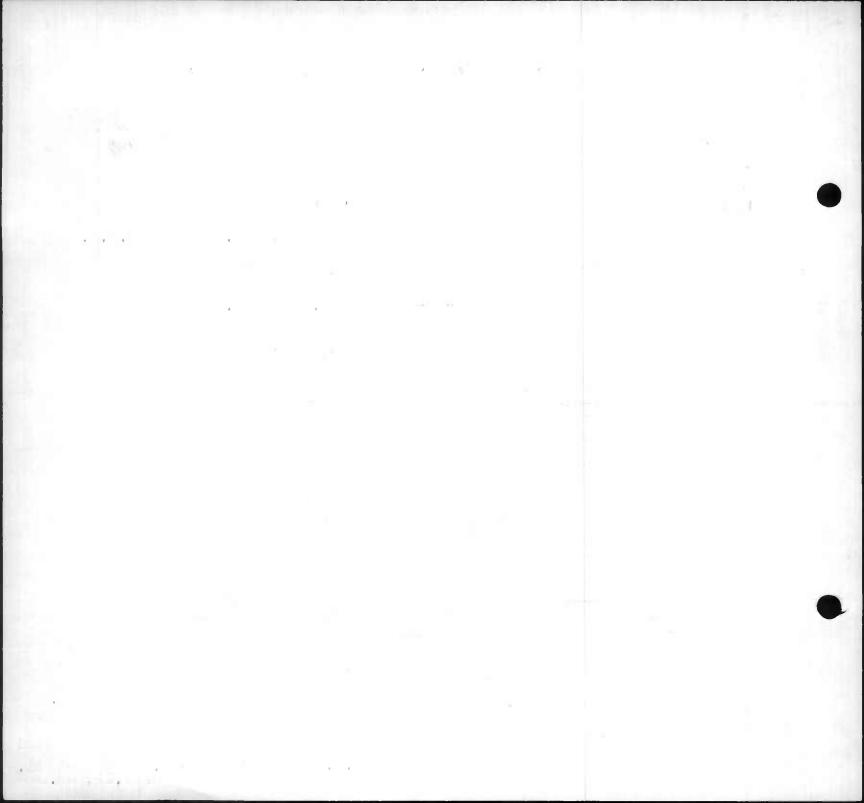
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except where the physician who pronounced death was in regular attendance on the	and (6) No physician was in regular attendance on the deceased prior to death. Such		I
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5	2	obtained before the remains are embalmed or final disposition is made.	ı
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6	leceased prior to death)	0	
9	OS	en	
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was D.O.A. at a hospital (de	written approval must	
-	-	-	1

1	2.75 B 1 = 13.174	BALTIA	MORE CITY	HEALTH DEPARTMENT	00 110000
BIRTH NO.		CER"	TIFICA	TE OF DEATH Registered No.	56_11/1/
M.E. CASE 1. NAME C (Type of Pr	DF DECEASED	REW HOHL		November 20,	
3. PLACE	OF DEATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (Where deceosed lived. If in	nstitution: residence before admission)
FULL N	AME OF (If not in hospital	or institution, give street		Maryland	
HOSPITA		on)		C. CITY OR TOWN (If outside city limits, write	
0 -	1237 Clif	tview Avenue		Baltimore - 2121	8 4-05
00) 1257 011-	011011 111011110		1237 Cliftview A	venue
Nale	6. RACE White	7. MARRIED, NEVER MARI WIDOWED, DIVORCED Married		8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 80	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	L OCCUPATION (Give kind of wor most of working life, even if retired)	k 108. KIND OF BUSINESS OF	R INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
_	om maker	Retired		Baltimore, Maryland	USA
3. FATHER				14. MOTHER'S MAIDEN NAME	
	Charles Ho	hl		Barbara Sommers	
5. Was De Yes, no or u	eceased Ever in U. S. Armed Fo	es of service) 1 6. SOCIAL		17. INFORMANT	ADDRESS
No				Mrs. Elizabeth Hohl-12	37 Cliftview Ave
18.	(00,21		CAUSE OF	DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DE		Ma	liament lin shame	2 1/
(This	does not mean the mode of	dying, e.g., . (A) DUE TO	lianant Lymphoma	3/2 years
	foilure, osthenio, etc. Il meons or complication which coused			V	V
	ANTECEDENT CAUSE	S ~~ (I	B)		
	SES OR CONDITIONS, if	ony, giving			
	In the obove couse (A) ERLYING CONDITION lost.	sloling the	C)	•	
€ TO 1	R SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT REL	CONTRIBUTING ATED TO THE	noneli	zed Anteniosclenosis	5 years
	ATE OF OPERATION 198, COL	IT. NOITION FOR WHICH OPERA		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	
OR CO	CCIDENT WAS UNDERLYING DITRIBUTING CAUSE OF			or obout 2/C. WHERE DID (If in Boltimor ice bldg., NJURY OCCUR?	e City, give exact location)
OF IN.	JURY	(Hour) 21E, INJURY OCC While At Work	Not While At Work	21F. HOW DID INJURY OCCUR?	
22. 1	certify that (1) (this hospita	I) attended the deceased	from	1963 19 10	November 1966.
that (1) (we) lost saw the deceas	ed olive on Nov	embor	10 19 6 6 and that in (my) (out) opi	inion deoth accurred on the date
and he	aur and from the equses sta	ated above. (1) (We) (dtd).	(did not) vi	iew the body ofter deoth.	
23A. SI	GNATURE 901	7 -			23B, DATE SIGNED
	Loy Ille	Jesusoner man	M.D. Atte	Med. Stolf Phys.	Nov. 22,66
	Loy M.	Zimmerman	M.D. 2	3202 Harford Ro	pad - 21218
24A. BURIA	AL CREMATION, 248. DATE	24C. NAME of CEME	ETERY or CRE	MATORY 24D. LOCATION (C	ity, town, or county) (State)
Bur		66 First Un	1ted E	Cvang. Cem. Baltimore, 1	Maryland
	MOV 24 196	Brow Bruke Es, to	Tribey H.R	H. Sander & Sons, Ir	nc. Balto Ma
VS 150-RE	V. 1/1/65				



		BALTIMORE CIT	Y HEALTH DEPARTMENT		CC 43010
BIRTH NO. M.E. CASE NO		CERTIFICA	ATE OF DEATH	Registered Na.	66 11718
Type or Print)	DECEASED			ID HOUR OF DEATH	66 8-5 P. 1
		nyder, Sr.	Novem	ber 20, 19	66 8 1.
3. PLACE OF	DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	re deceosed lived. If insti I TY	tution: residence before admission
FULL NAM	E OF (If not in hospital ar instit	ution, give street	Maryland		
HOSPITAL O	OR address or location)		C. CITY OR TOWN (If our	tside city fimits, write RU	RAL and give township)
0			Baltimore	3	7-48
()()	542 Benninghau	s Road	D. STREET ADDRESS (If	rurol, give location)	
0			542 Benning	haus Road	
. SEX	6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
M	7.7	OOWED, DIVORCED (specify)	0at 10 1000	last birthdoyi	Months Doys Hours Min.
	CCUPATION (Give kind of work 108. KI	Married ND OF BUSINESS OR INDUSTR	Oct.10,1900	ign country)	12. CITIZEN OF
	t of working tife, even if retired)			,	WHAT COUNTRY?
		enses	Baltimore.	Md.	U.S.A.
3. FATHER'S	NAME		14. MOTHER'S MAIDEN NA	ME	
Mic	hael Snyder		Hanna Mitche	all.	
S. Was Decea	sed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	- par page	ADDRESS
Yes, no or unkn	own) (If yes, give war or dates of se	SECURITY NO.	0 May 0	M C	10
		213-09-835		M.Snyder	(Same)
18.4	0.7 1		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION DIRECTLY	n /	viosaleietic Coro	A /.	F 1
	LEADING TO DEATH	(A) Arte	1030/8.0TIC COLD	MANY ANTER	1 3 yrs
	es nal mean the made of dying, ure, asthenia, etc. It means the di	e.g., DUE TO y	1, Sease	/	/
	camplication which caused death.				
	ANTECEDENT CAUSES	(B)		000000000000000000000000000000000000000	
DISEASES	OR CONDITIONS, if any,				
rise ta	the above cause (A) stating				
UNDERLY	rING CONDITION last.				
_	II				
O THER SI	IGNIFICANT CONDITIONS CONTRI	BUTING			
DISEASE	OR CONDITION CAUSING IT.				
U 19A. DATE	OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
ERTE.			No		
U 21A. ACC	IDENT WAS UNDERLYING TRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	office bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
Z DEATH In	otify medical examiner	etc.)			
O 21D. TIME	[Month] (Day) Year) Hau	21E, INJURY OCCURRED	21 F. HOW DID INJ	JURY OCCUR?	
S OF INJUR	Y	While At Not Wh	nile 🗀		
[APPROX.]		Wark At Wor			
22. I cer	tify that (I) (this hospit al) atte	nded the deceased from	6-9-	1955 to	10-24 1966
that (1) (we) last saw the deceased aliv	e an 18-24	1966 and th	nat in (my) (our) apini	an death accurred an the do
	and from the causes stated ab	ave. (1) (===) (did) (ara ner)	view the bady after death.		23B, DATE SIGNED
23A. SIGN	ATURE		warding on a AAnd -	Staff	11-21-66
	million C. li	alcon M.D. A	ttending Med. Director	Phy s.	11-21-60
23C. PHYS	ICIAN'S		23 D. ADDRESS	· · · · · · · · · · · · · · · · · · ·	
NAN	Milton C	. Lang M.	6213 York	Road	
24A BIIDIAI	CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C			, town, or county) (State)
REMOV	AL (Specify)	AND THE OF CENTERED OF C	240. [CONTRACT CONTY	, was, or coomy
Buria	1 11/23/66	Holy Redeer	ner Ba	ltimore	Marylan
2SA. DATE RE	C'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	H.W.Jenkins	R	ADDRESS
	MOV 22 1966 (C.O.	of E Starber M. M.	n.w.Jenkins	& Sons Co	4905 York Rd
VS 150-REV.	1/1/6\$		734		LLUO, LC, IIII,
			The state of the s		



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eceased prior to written approval

was D.O.A.

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death eased n the Such	BIRTH N M.E. C. 1. NAM (Type o
pita of Dec	3. PLA
l in a hospital and ng cause of death cause; (5) Deceased attendance on the ior to death. Such	FULL HOS INST
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if death occurred in ect or contributing (4) Undetermined causes in regular after deceased prior position is made.	5. SEX
oath occur ndetermin in regul deceased	IOA, US done du
r if death rect or c (4) Under was in the decisposition	13. FAT
rect (4) (4) the	Ne t.

must be obtained before the remains are embalmed or final disposition is made.

regular

66 11719 M.E. CASE NO.

Nathan Paul Glassman

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Na	66	1171
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(City, lown, or county)

	2, DAT	AND	HOUR	OF	DEATH
Singler	M	Trans	han	7.7	10

Mary Merwitz

(Type or Print)	Lillian	Buainsky	November 17, 1966
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admissing A. STATE B. COUNTY
FULL NAME	R oddress or location	or institution, give street	Maryland C. CITY OR TOWN (If outside city prints, write RULAL and give township)

6807 Sturbridge Drive Baltimore, Maryland

Bal timore D. STREET ADDRESS 6807 Sturbridge Drive 21234

5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
Female	White	Widowed	Aug 15, 1899	67	
	CUPATION (Give kind of vortice) of working life, even if retire	vork 10B, KIND OF BUSINESS OR INDUSTRY d)	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife			Rochester New		U.S.A.
13. FATHER'S N.	AME		14. MOTHER'S MAIDEN N	AME	

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		Selma Glazsman	3000 W.	ColdspringLane
18.42011	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) C	pronay and	lusion	1 hom
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	501.10			1044
ANTECEDENT CAUSES	(B) DUE TO	long drawnse		1 Slas
DISEASES OR CONDITIONS, if ony, giving				

UNDERLYING CONDITION lost.		
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	(C)	
	DUE TO	
ANTECEDENT CAUSES	(B) Corona diaense	10 slan

ATION	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.	BUTING O THE			
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
CAL	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., in or home, lorm, foctory, street, office etc.)	obout 21C. WHERE DID bldg., INJURY OCCUR?	(If in Boltimore City, give exoct locotion)	
MEDI	21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	While At Not While At Work		IRY OCCUR?	
			/)]		

22. I certify that (I) (this hospital) differed the deceased from
that (1) (we) last saw the deceased alive an 1 - 16 - 19 6 and that in (my) (aur) apinlan death accurred an the da
and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.

ana	naur a	ina tram	tue conses	Sidied d	DO AG. (I	/ ("0)	(010)	(uiu nai)	Alem the	Dady (atter death.	
23A.	SIGNA	TURE						1				

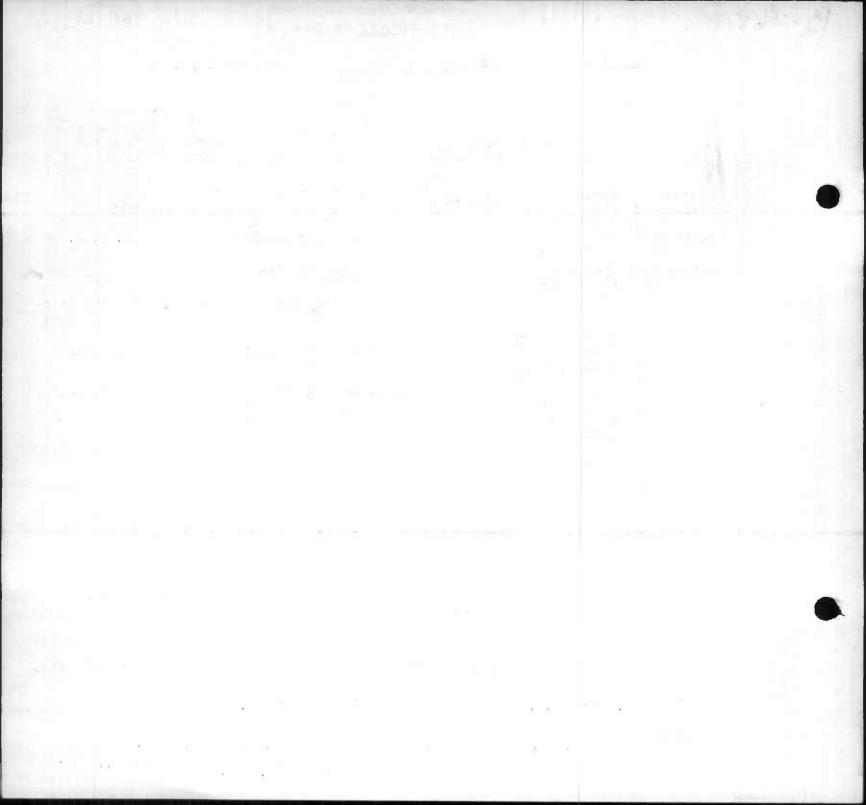
23A. SIGNATURE		^ _		23B. DATE	IGNED	,
Harry OAt	BUILDING M PMO.	Attending Med. Phys. Director	Stoff Phys.	11-	18-6	/
100000011	900000		rnys.		0 - 0	6
23C. PHYSICIAN'S		23D. ADDRESS		-		
NIA AAE (Tuna)						

Harold H. Burns M.D. 8106 Harford Rd 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY

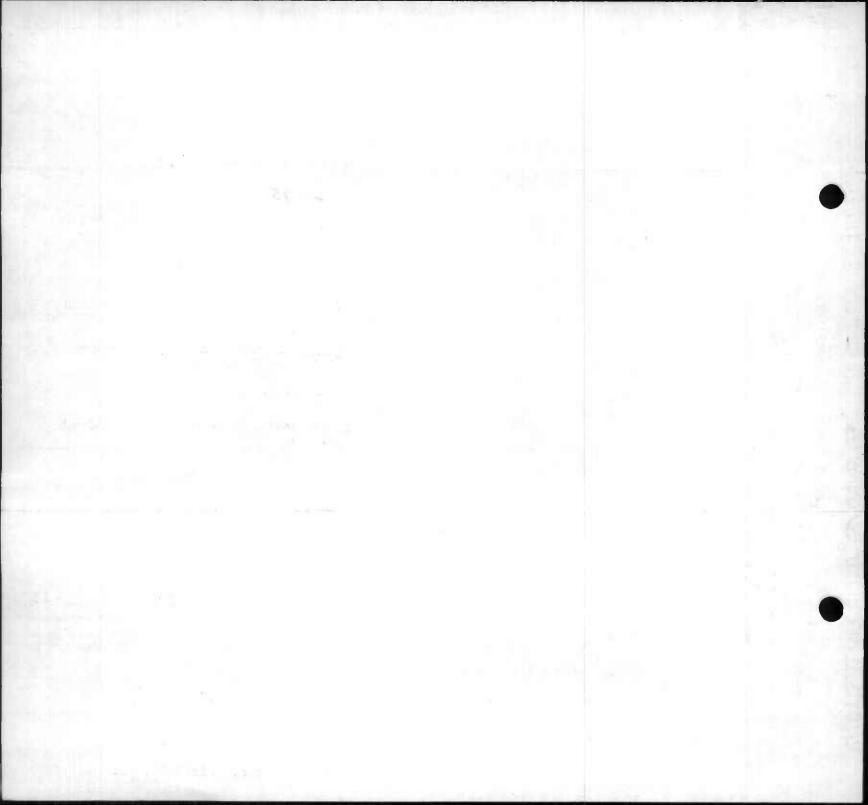
REMOVAL (Specify) Burial Burial Nov. 25A. DATE REC'D BY HEALTH DEPT.

20. 1 Beth Jacob, Anshe Vechear Come F Jack Lewis, Inc. 2100 Eutaw P..

VS 150-REV. 1/1/65



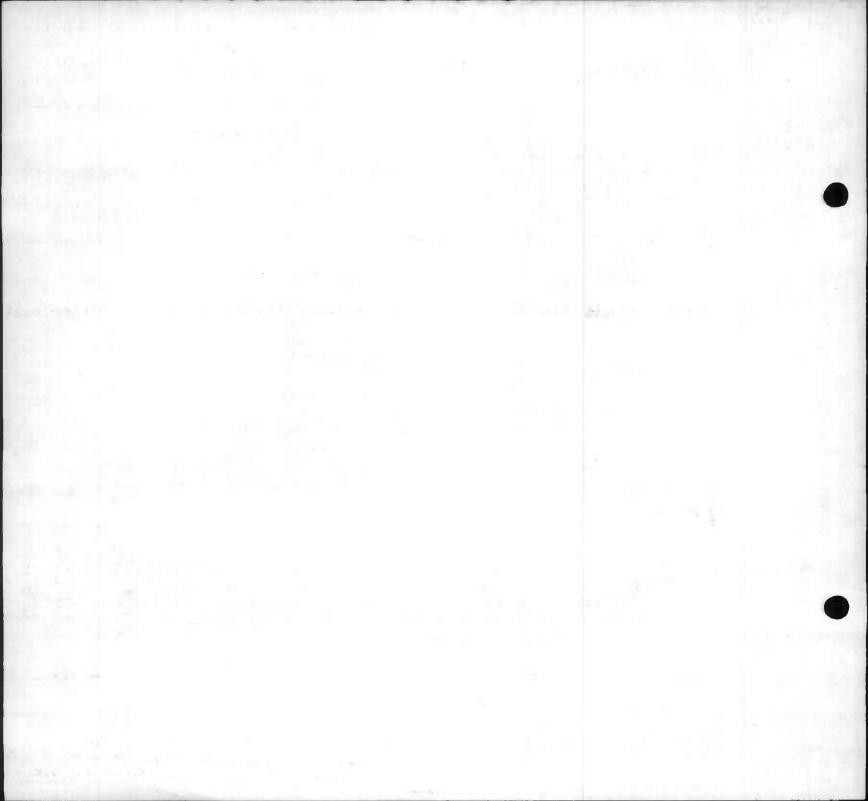
4.	-2 lath		00 44500		BALTIMORE CITY	HEALTH DEPARTMENT		66 14 700
/ '	DED OF		rh No. 66 11720		CERTIFICA	TE OF DEATH	Registered No.	66 11720
	and eatl ase th th		E CASE NO.			2. DATE AN	D HOUR OF DEATH	
	of dea Oeceas o on t		Pe or Print ETTA AGER			11/19	1 . 15" A	m
	F o c c	3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	D				ion: residence before odmission
	0 0 0 to					A. STATE B. COUN		TOTAL TESTBETTES BETOTO GUILLISTON
	hos (5) and de		FULL NAME OF (If not in hospital or instit	lution, give str	eel	MARYLAND		
	4 50 % B	H IN	HOSPITAL OR oddress or location) NSTITUTION			C. CITY OR TOWN (If out	side city limits, write RURA	L and give township)
	Se Co					BALTIMORE		6-02
	in again	M	HARYLAND GENERAL	- HOSP	ITAL		urol, give location)	-
2	Pir Doir		110			4314 PLAIN	FIELD AVE	
5	ar a p	5. 3	SEX 6. RACE 7. MA	RRIED, NEVER	MARRIED			Under 1 Yr., If Under 24 Hrs
7	a de la circa	1			RCED (specify)	_	ost birthdoy) Mo	Under 1 Yr. If Under 24 Hrs
5	nnt rm rm eg		F W	W		2-7-25 75	91	
F	To to to to		USUAL OCCUPATION (Give kind of work 10B, KII e during most of working life, even if retired)	ND OF BUSIN	ESS OR INDUSTRY	II. BIRTHPLACE (Stote of foreig	in country) 12	CITIZEN OF WHAT COUNTRY?
7	to de - de		None	None		MarylAND		USA
0	de Ur as as	13. F	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	A E	
M	if (4) we the the spo		John Oraca			1 - 1 :1:	C	
-	# i i i		YOUN PARKS			C LIZabett	SummERS	
A	at of	15. V (Yes.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of se	rvice) 16. SO	CIAL CURITY NO.	17. INFORMANT		ADDRESS
	ist he he de ce		No	31		MRS ELIZABE	ETH THOMAS	DAUGHTER
ENCAL	F + T H	-			CAUSE OF		2 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INTERVAL BETWEEN
700	o de la composición dela composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela composición de la composición dela composición dela composición		18.334XI			Septicemia		ONSET AND DEATH
×	so, so, of of other		DISEASE OR CONDITION DIRECTLY			Deprecinice		Mille Sail
= 12	A D D E		(This does not mean the mode of dying,	0.0	(A) DUE TO	hoteleese	TO GHENET	AGGG DAYS
~	F . 50 F B		heart failure, asthenia, etc. It means the dis	seose,	501 10		asuse /	
7 8	n p t d u	li I	injury or complication which coused death,)		Sacras Decub	1.	2 MONTHS
0	E do fra	1	ANTECEDENT CAUSES		(B)	Outlean Decab	177	
~0	2 2 4 4 5 5		DISEASES OR CONDITIONS, if ony,	giving				
2 =	e X (R) = B		rise to the obove couse (A) stoting	g lhe	IC)	Arterioscieronic		YEARS
~ =	a com		UNDERLYING CONDITION Iosi.			UASCHLAR DIS	ease	
	dic ca sic va va	-	li li					
2) A	medical eburns; (; hysician mas in was in remains	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIL		-			
PS (A Y Paris	A	DISEASE OR CONDITION CAUSING IT.					
FUNER	ie de le	CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION		OPERATION	20 A. AUTOPSY? (Yes or No.	10 CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
50 5	4 + 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	FR	~ -			YES	YES	
2 5	tal by y; (2) here No ph	Ü	OR CONTRIBUTING CAUSE OF	21B. PLACE	OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltimore City	y, give exact location)
2	1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	4	DEATH Inotify medical examiner	etc.)	, 1001017, 311001, 011	-		
2	d'Ery b	DIC	21 D. TIME (Month) (Doy) (Year) (Hour	21E INJUE	YOCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
	0 + + (0) en		OF INJURY	While At [
57 1 1/2	4 c 6 p is		(APPROX)	Work	At Work			
	he he an		22. I certify that (+) (this haspital) atter	nded the dec	eased fram	115 66 1	9 ta 11 19	19 66
	app to t f ar f ar (e o o o		that (N (we) last sow the deceased aliv-		11/19/66			death occurred on the do
	0077						(
	ust be a eased to ident of iospital death) must be		and hour and from the causes stated abo	ave. (I) (We)	(did) (did not) v	iew the bady ofter deoth.	loop	
	must be elease ccident a hospit to dea		23A. SIGNATURE	Ω	100 Au			DATE SIGNED
	must eleas ccide a hos to do		Konned Hold	nes	Phys	nding Med. Director	Stoff Phy s.	11/19/66
(A)	s re		23C. PHYSICIAN'S NAME (Type)		2	23D_ADDRESS	1 //	- 1
	was An Lat pric		Ronald Gold	ner	M.O.	My Hen	end Hosse	lat-
		240			CEMETERY of CRE	MATORY	CATION	(6
	F 7 0 0 -	24A	REMOVAL (Specify)	Z4C. NAME OF	CENTETERY OF CRE	24D. LC	CATION (City, to	own, or county) (State)
	body ws: () D.O ease	Bu	urial 11/22/66	Crisfie	ld Cemeter	y Cri	sfield, Md.	
	" = \$ " 0 ±	25A		AME OF REG		25C. FUNERAL DIRECTOR		ADDRESS
	This the lashow was dece	1	NOV 23 1966 (R.4	2 Br C	Fra Dames .	Bradshaw & Son	s. Crisfield.	Md.
		VS	150-REV. 1/1/65	COLUMN COL	ACMERICAL AM			



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

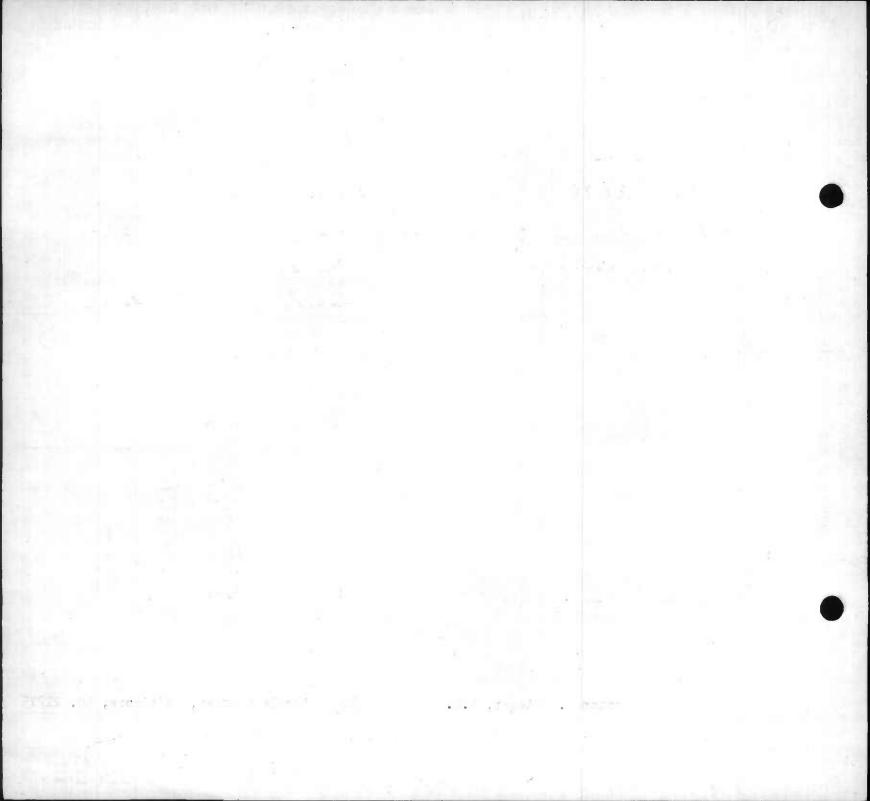
	66 11721	BALTIMORE CITY	HEALTH DEPARTMENT		
	TH NO.	CERTIFICA	TE OF DEATH	Registered Na.	00 11/51
1.	E. CASE NO. NAME OF DECEASED pe or Print)	111-01- ==	2. DATE AND	HOUR OF DEATH	- 20
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	Walter F	4. USUAL RESIDENCE (Where B. COUNT		M. tion: residence before odmission)
	FULL NAME OF (If not in hospital or institution, g HOSPITAL OR oddress or location)	ive street	c. CITY OR YOWN Offours	ide city limits, write RUR.	AL and give township)
18	Maryland General Ho	sp.	D. STREET ADDRESS (IF ILL	orol, give locotion)	Sd-00
5.	m 1 7.10 + WIDOWED	NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH 9	AGE (In years of M	Under 1 Yr., If Under 24 Hrs. onths: Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF or oring most of working life, even if relired) Wraffyman Tote	EISTURES	Baltimore		2. CITIZEN OF WHAT COUNTRY?
	Frank Brotz	Man.	14. MOTHER'S MAIDEN NAM	الديد	ADDRESS
(Y	Wos Deceased Ever in U. S. Armed Forces? s, no or unknown! (If yes, give war or dates of service) VES	SECURITY NO.		TZMAN 807	
	DISEASE OR CONDITION DIRECTLY	CAUSE O		2442 8076	INTERVAL BETWEEN ONSEY AND DEATH
	LEADING TO DEATH (This does not meen the made at dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	DUE TO	Repticemia		48 10 days
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	liary Tract o	bstruction	2wks
NOITA	TO THE DEATH BUT NOT RELATED TO THE		ed Hernia = 7	Perpration	
CENTIFIC	19 A. DATE OF OPERATION 198. CONDITION FOR V 10/23/4 9 11/17/66 WAS, PERFORMED 21 M. ACCIDENT WAS UNDERLYING 1218.	Obst. Janu Lic PLACE OF INJURY (o.g., i	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSE	OINGS CONSIDERED S OF DEATH? ty, give exact locotion)
ISA	DEATH (notify medical examiner) etc.)		ffice bldg., INJURY OCCUR?		
MEDIC	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. Whi (A PPROX.)	INJURY OCCURRED Not While At Work		IRY OCCUR?	
	22. I certify that (1) (this hospital) attended the thot (1) (we) lost sow the deceosed alive on	***************************************	10-23-66 11 19 66 ond the		
	ond hour and from the couses stated above. (I	(We) (did) (did not)	view the body ofter death.	23	B. DATE SIGNED
	Konald D. Inyder	MI. Phy	ending Med. Signature Director 23D. ADDRESS	Stoff Phys.	11-22-66
24	Ronald D. Snyler A. BURIAL CREMATION, [248, DATE 24C, NA	M.D.	Maryland G	general /i	ospital
-	REMOVAL (Specify) BUPIAL //-25-66 B. A. DATE REC'D BY HEALTH DEPT. 258. NAME O	aLTIMORE N		ALT MORE	Md.
VS	NUV 23 1966 0 0 0 6	E. Falleman	Hanen W.	miller 210;	Anderick are



FUNERAL DIRECTOR: IMPORTANT

D	- CP-
	uting cause of death ed cause; (5) Deceased ar attendance on the prior to death. Such dee.
•	if death occur bet or contrib t) Undetermin was in regule the deceased position is mag
IMPORTANT	Also, if the directive of any kind; (4) nounced death attendance on timed or final dis
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

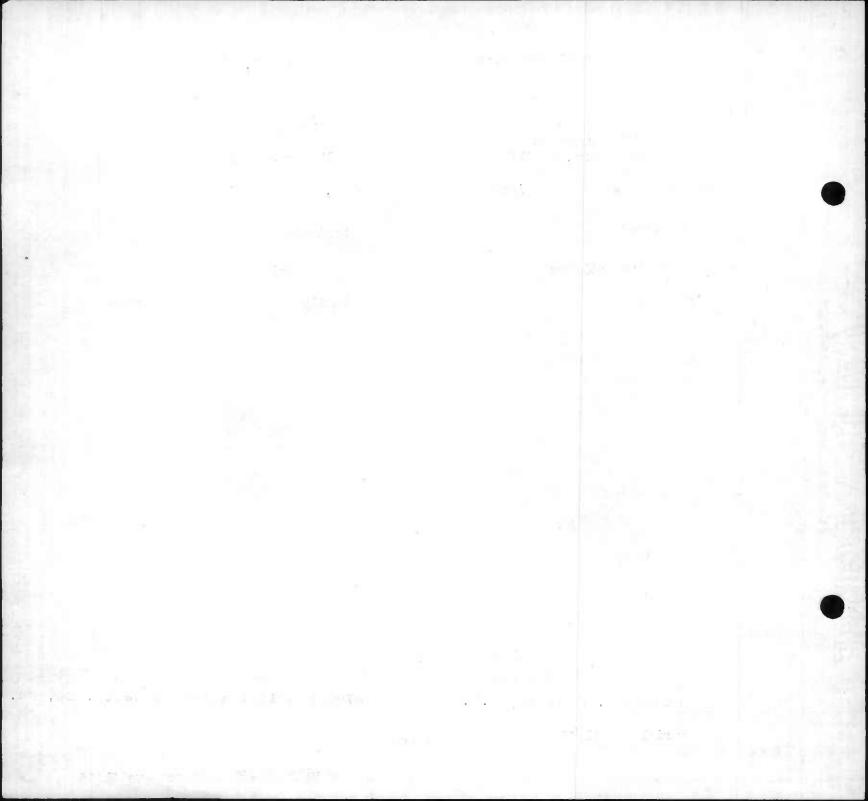
00 44500	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO, M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	66 11/22
1. NAME OF OECEASEO	Pomenup			W 30
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	conenap	4. USUAL RESIDENCE (Where of		ution: residence before admission)
FULL NAME OF (If not in hospital or institution, g	ive street	MO		
HOSPITAL OR address or location) INSTITUTION			e city limits, write RUR	(AL and give town/hip)
			dive location)	5-04
	n Ave			v
Male White MooweD	DIVORCED (specify)	Nov. 13, 1900 lost	66	f Under 1 Yr. If Under 24 Hrs. Nonths Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign	country)	2. CITIZEN OF WHAT COUNTRY?
		MD.		USA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no arunknawn) (If yes, give war ar dates of service)	1 6. SOCIAL SECURITY NO.			ADDRESS
NO		FAM. /Y		pome
18. 2 6 0 X I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	Par 1	ml sale	1 0 10	
(This does not mean the made of dying, e.g.,	DIJE TO	Jun + Cleron	e our	
heart follure, osthema, etc. It means the disease, injury ar complication which caused death.)	he	phromathy.		
ANTECEDENT CAUSES	(B)			. • • • • • • • • • • • • • • • • • • •
DISEASES OR CONDITIONS, if any, giving	Dia	Butter Hull	2,0,,	
UNDERLYING CONDITION last.	(c) 1000		mue.	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Hamal	1 10 17	-	
DISEASE OR CONDITION CAUSING IT.	Haugrene (ary Mull ex l	Unuly	DINGS CONSIDERED
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	men orthonor	i i	N CERTIFYING CAUSE	S OF DEATH?
OR CONTRIBUTING CAUSE OF	PLACE OF INJURY (e.g., in c, form, foctory, street, of	ar about 21C. WHERE DID INJURY OCCUR?	(If in Baltimare Ci	ity, give exact lacation)
0	INJURY OCCURRED	21E. HOW DID INTURY	OCCUP?	
₹ (APPROX)	e AI Not While		occor.	
Work			10 11	10 11
	11/10			
			n(my) (our) opfnio	n death accurred an the date
	(We) (did) (did not) v	lew the bady after death.	ADDRESS ADD	
DITUTION 323 B20016 4 9 3 4 2	The STONED			
23C, PHYSICIAN'S			18.	nor 21, 1966
NAME (Type)		A A THE REST OF THE PARTY OF TH	obuse Bold	/ -imama Md 21225
REMOVAL (Specify)	172			
Danal 11-28-46 dee 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O				
	district one		4 ha 269	Luke Polin
MIII () 1300 HILLIA, 12 C	1 70 000	0		Review Boach



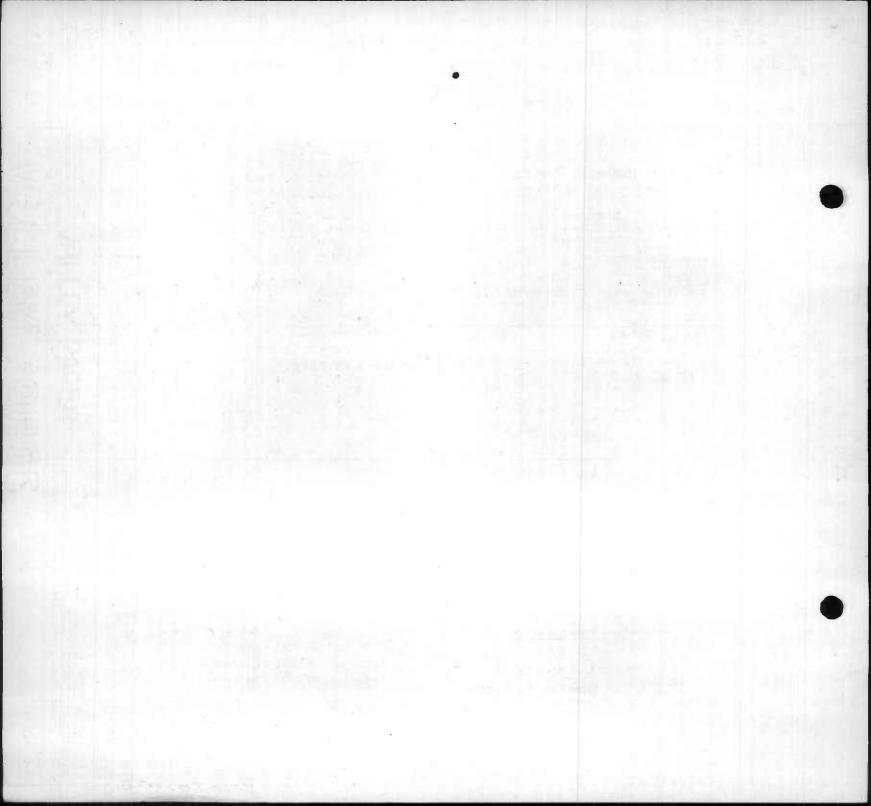
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FUNERAL DIRECTOR: IMPORTANT	F	Ě	9	p	a	0
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	S	9	3	S	93	=
	This certificate must be approved by the chief medical examiner or his assistant if death o	the body was released to the hospital by a medical examiner. Also, if the direct or con	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeter	was D.O.A. at a hospital (except where the physician who pronounced death was in re	deceased prior to death); and (6) No physician was in regular attendance on the decea	written approval must be obtained before the remains are embalmed or final disposition is
	_	+	S	>	Q	>

contributing cause of death sermined cause; (5) Deceased regular attendance on the based prior to death. Such 66 11723 BALTIMORE CITY HEALTH DEPARTMENT 66 11723 Registered No.

And the second	Ethel	McPherso	n		21,1966	1		
. PLACE OF	DEATH IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution; residence before admission		
FULL NAM HOSPITAL C	OR oddress or local	ol or institution, g tion)	ive street	A. STATE B. COUNTY M. C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
00	817 Herndon Baltimore, Mo			Baltimore D. STREET ADDRESS 817 Hernd	(tf rutol, give location)	23-04		
sex Female	6. RACE	7. MARRIED.	NEVER MARRIED , DIVORCED (specily)	8. DATE OF BIRTH Feb 4,1882	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.		
	of working life, even if relired		BUSTNESS OR INDUSTRY	11. BIRTHPLACE (Slote or I	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
3. FATHERS P	lliam Rutledge			14. MOTHERS MAIDEN N				
5. Was Decea Yes, no or unkno	sed Ever in U. S. Armed Fown) (II yes, give wor or de	orces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No				Femily		Same		
(This doe heart foilu injury or	EASE OR CONDITION DEATH S not mean the mode or complication which coust ANTECEDENT CAUSI	H of dying, e.g., ns the disease, ed death.) ES	(A)	()	1 emminia	INTERVAL BETWEEN ONSET AND DEATH		
rise lo UNDERLY	i OR CONDITIONS, if the above couse (A 'I'NG CONDITION lost. GNIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTING	(d some	ed on two or	churthi C.V	1 2 4 2 3		
E TO THE			20 4 24.16			1 4		
TO THE	OF OPERATION 198. CO		HICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING CA	AUSES OF DEATH?		
TO THE DISEASE 19A. DATE 21A. ACCION CONTI	OF OPERATION 198. CO	ERFORMED 21 B.	PLACE OF INJURY (e.g., in	20 A. AUTOPSY? (Yes or n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimor	THE City, give exact locotion		
TO THE DISEASE 19A. DATE 21A. ACCION CONTINUE DEATH (no	OF OPERATION 198, CC WAS PI DENT WAS UNDERLYING RIBUTING CAUSE OF offly medical examiner) (Month) (Doy) (Yea	PROPERTY OF THE PROPERTY OF TH	PLACE OF INJURY (e.g., ire, form, foctory, street, of	n or obout 21C. WHERE DID fine bidg, INJURY OCCUR?	(If in Boltimor	AUSES OF DEATH?		
TO THE DISEASE 19A. DATE 1	OR CONDITION CAUSING OF OPERATION 198. CC WAS PI DENT WAS UNDERLYING CAUSE OF offly medical examiner (Month) (Doy) (Year ify that (I) (this hospit we) last sow the decea	DIDITION FOR VERFORMED 21B. hometc.) 10 (Hour) 21E. Whit Work 21 Whit work 22 Whit work 3 Whit work 3 Whit work 4 Whit work 4 Whit work 5 Whit work 6 Whit work 6 Whit work 7 Whit work 7 Whit work 8 Whit work 9 Whit work 9	PLACE OF INJURY (e.g., ire, form, foctory, street, of INJURY OCCURRED e At	21F. HOW DID I	(If in Boltimon NJURY OCCUR? 19 55 to that in (my) (bur) op	AUSES OF DEATH?		
TO THE DISEASE UP 19A. DATE 19A. DAT	OR CONDITION CAUSING OF OPERATION 198, CC WAS PI DENT WAS UNDERLYING RIBUTING CAUSE OF offily medicol exominer) (Month) (Doy) (Yeo ify that (I) (this hospit we) last sow the decea and from the causes st	DIDITION FOR VERFORMED 21B. hometc.) 10 (Hour) 21E. Whit Work 21 Whit work 22 Whit work 3 Whit work 3 Whit work 4 Whit work 4 Whit work 5 Whit work 6 Whit work 6 Whit work 7 Whit work 7 Whit work 8 Whit work 9 Whit work 9	PLACE OF INJURY (e.g., ir, form, foctory, street, of INJURY OCCURRED e At Not While At Work e deceased from (We) (did) (did not) v M.D. Alle Phy	21F. HOW DID I	(If in Boltimon NJURY OCCUR? 19 55 to that in (my) (bur) op	re City, give exact locotion)		
TO THE DISEASE UP 19A. DATE 19A. DAT	OR CONDITION CAUSING OF OPERATION 198. CO WAS PI DENT WAS UNDERLYING CAUSE OF ofily medical examiner) (Month) (Doy) (Yea ify that (I) (this hospit we) last sow the decea and from the causes st ATURE CIAN'S E (Type)	DIDITION FOR VERFORMED 218. hometc.) ii) (Hour) 21E. Whit Worl al) attended the sed alive an	PLACE OF INJURY (e.g., ire, form, foctory, street, of INJURY OCCURRED e At Not While At Work e deceased from (We) (did) (did not) v	21F. HOW DID I	(If in Boltimos NJURY OCCUR? 19 55 to that in(my) (our) op h. Stoll Phys	Inion death occurred on the do		
TO THE DISEASE UP 19A-DATE 19A	OR CONDITION CAUSING OF OPERATION 198, CO WAS PI DENT WAS UNDERLYING RIBUTING CAUSE OF offilly medicol exominer) (Month) (Doy) (Yeo ify that (I) (this hospit we) last sow the decea and from the causes st ATURE CIAN'S E (Type) CREMATION, 248, DATE L (Specify)	218. home etc.) (Hour) 21E. Whit Work (al) attended the sed alive an	PLACE OF INJURY (e.g., ire, form, foctory, street, of INJURY OCCURRED e At Not While At Work e deceased from (We) (did) (did not) v	21F. HOW DID I	(If in Boltimos NJURY OCCUR? 19 5 5 to that in(my) (wur) op h. Stoll Phys. ngton Aven	Inion dedth occurred on the do		



66 11724	BA	ALTIMORE CITY HEAL	TH DEPARTMENT	1		66 1	1724
BIRTH NO. MED	ICAL EX	AMINER'S CI	ERTIFICAT	E OF D	EATH Registe		
M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print)				2. DATE AND	HOUR PRONOUNC	ED DEAD	
JAMES		SMITH		Novembe	er 19, 1966		9:59 P N
3. PLACE IN BALTIMORE, MARYLAND, V	HERE PRONOUN		4. USUAL RESIDE	NCE (Where de	er 19, 1966	tution: residence	befare admissia
			A. STATE Mary	yland	B. COU	NII	
FULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUT	ION, GIVE STREET	C. CITY OR TOW	N (If outside	corporate limits, write	RURAL ond giv	e township)
NOITUTION			Ra1	timore	20	2-10	
144			D. STREET ADDRE		ive location)		
Union Memorial Ho	spital				Spring La	ne	
5. SEX 6. RACE	7. MARRIED, N WIDO WED, DI	VORCED (specify)	8. DATE OF BIRTH		9. AGE (In years last birthday)	If Under 1 Yr. Manths Days	II Under 24 Hr Hours Min.
Male Negro	Marri	ed	2-25-99		67		
IOA, USUAL OCCUPATION (Give kind of wor	k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign	country)	12. CITIZEN OF	
done during most of working life, even if retired) Laborer	Contra	atons	Memalo	n d		WHAT CO	UNIKT:
13. FATHER'S NAME	Journa	CLOIS	Mary la:	IDEN NAME		IU.D.A.	
Albert Smith 15. WAS DECEASED EVER IN U.S. ARME	D FORCES?	4 50 0141	Sarah Jo	onnson		ADDRESS	
(Yes, no or unknown), (If yes, give wor or dat		6, SO CIAL SECURITY NO.	IV. INFORMANT			ADDRESS	
No	9.	I8 03 784I	Carrie	Smith	72I Cold	Soring	T.a.
1B. 5	7		OF DEATH	Van - VII	.~2 0020		EVAL BETWEEN
105		0.1001					T AND DEATH
DISEASE OR CONDITION D	IRECTLY		c +				
		(A) Carcir	noma of Lur	18. ₁			
(This does not mean the made a heart lailure, asthenia, etc. It mean injury or complication which coused	s the disease, death.)	551.10					
ANTECEDENT CAUSE		(B)					
DISEASES OR CONDITIONS, IF A	ANY, GIVING	DUE TO					
UNDERLYING CONDITION LAST.		460					
Š		(0)					
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RI DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. CO	CONTRIBUTING						
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RI	ELATED TO TH	E					
E DISEASE OR CONDITION CAUSIN		*****************					
19A. DATE OF OPERATION 19B. COI	NDITION FOR W	HICH OPERATION			B. IF YES, WERE FIRE CAUS		DERED
			No				
V 21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB-	21B, PL	ACE OF INJURY (e.g., farm, factory, street, a	in or about 21C. WI	HERE DID (IF	in Baltimare City, gi	ve exact lacation)
UTING CAUSE OF DEATH,	etc.)	tuini, tociory, sileer, o	mice brage, 1143 OK1	OCCUR:			
UTING CAUSE OF DEATH, 21D TIME (Month) (Doy) (Yes	or) (Hour) 216	INJURY OCCURRED	215 80	W DID INJUR	Y OCCUP?		
OF INJURY				** 55 11135	, occor.		
(APPROX.)	m. W	ORK NOT AT W	ORK				
22. I certify that I held an	Inquiry 🗀	Inspection V A	apsy and	that an +L:-	basis, death in m	w aninin	
			_	_			
resulted fram: Natural co	uses X Ac	cident Suicide			determined manne	or	
		//_	CHIEF ME	DICAL EXA	MINER	DA	TE SIGNED
SIGNATURE C	aules !	Late M.D.	ASSISTANT ME	DICAL EXA	MINER X	DA	I L SIGNED
EVAMINED'S		1	ASSOCIATE ME			11	/20/66
NAME (Type) Charle	s S. Pett	У		DIGITE EXP			
23A, BURIAL CREMATION, 23B, DATE	23C.	NAME OF CEMETERY .	CREMATORY	23 D. LO	CATION (City,	town, or county)	(State)
REMOVAL (Specify)	166 n	loogont K-	er de	m	Dal 1		313
Burial II/23	/	leasant re		Tow:	son, Balt	O. CO.	MQ.
Z4A, DATE RECOUNT HEALTH DEPT.	24B, NAME O	r REGISTRAR	24C. FUNERA	L DIRECTOR		ADDRE	22
NOV 23 1966	R. 2. 5	E. Farley MA	Wm. I.	Chatma	an, Jr. I	70I McC	ulloh 8
VS 151-REV. 1/1/65	7 0			4 17	3 phto.	MD.	

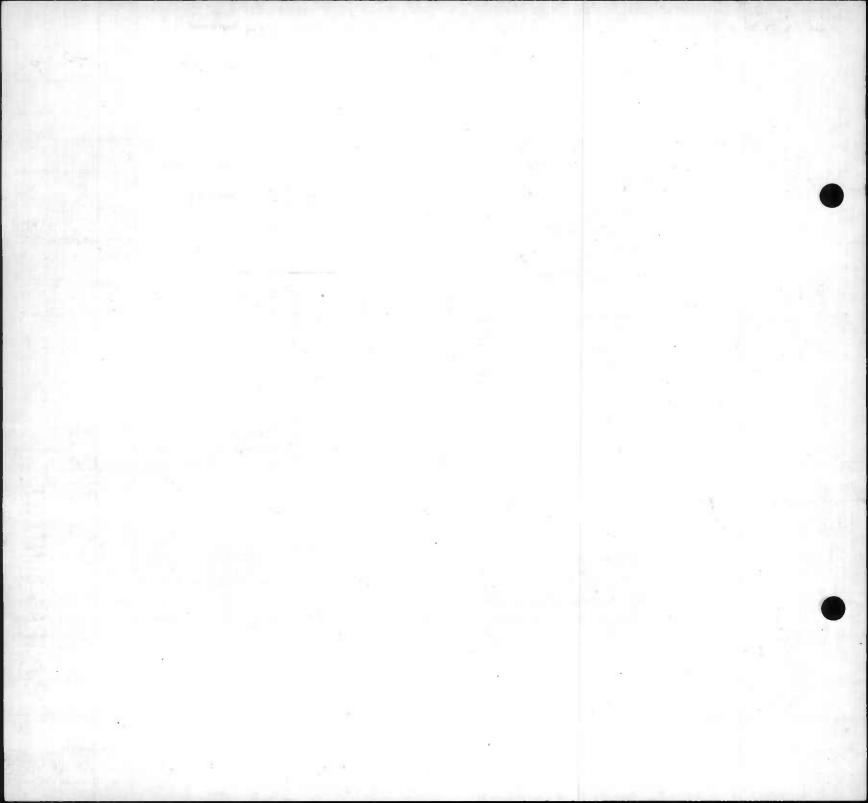


VS 150-REV. 1/1/65

6 11725	BALTIMORE CITY HEALTH DEPARTMENT
0 1 1 / / 1	

	M.	66	11	120
ered	Na			

M.E. CASE NO. 1. NAME OF DECEASED MADV		TE OF DEATH	DUR OF DEATH	
Type er Print)	J. ZIOMEK		0-66	1,40 0
3. PLACE OF DEATH IN BALTIMORE,	MARYLAND	4. USUAL RESIDENCE (Where dec		residence before admissi
		A. STATE B. COUNTY	~ //	_
FULL NAME OF (If not in hos HOSPITAL OR oddress er le	pitel or institution, give street	Mary land	Baltino	
		C. CITY OR TOWN (If outside of	city limits, write RURAL on	d give township)
Mary Cane	Conelos Contra		2.	01
4X L	Bulto. no	D. STREET ADDRESS (If rurel,	give location)	
			bluson)	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)		E (In years If Under thindey) / Months	Doys Hours Min.
tende Curc.	hidawed	2-24-42	74	
tOA, USUAL OCCUPATION (Give kind of dene during most of working life, even if reti		11. BIRTHPLACE (State or fereign ce	untry) 12. CITI	IZEN OF
/ Lapore		Palano	11	TAT COUNTRY Pola
13. FATHER'S NAME	Unknown.	14. MOTHER'S MAIDEN NAME	Taldama Us	mai
, Cas	imir Penczek	11.	Julianna Hu	mel
un tenou	40.	VIII /e	w.czet	ADDRESS
15. Wes Deceased Ever in U. S. Armes (Yes, ne er unknewn) (II yes, give wer er	detes ef service) SECURITY NO.	Mrs.Mapie Anz	engruber, (B35 S.
No -	722-22-81	70 Hospital	/ 71/	Robinson S
18.331XI	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEA	DIRECTLY ATH		0 1	, ,
LEADING TO DEA	TH S RAW	bronic duto t	ural S	rice 10/5/6
heart failure, asthenia, etc. II me	of dying, e.g. 2 IN PULIO	d/ematorices		
injury or complication which cou			·	
ANTECEDENT CAL	ISES Z (B)			
DISEASES OR CONDITIONS,	if ony, giving			
rise to the obove couse				
ONDERETHING CONDITION 1051	2 7 2			
OTHER SIGNIFICANT CONDITION	CONTRIBUTION			
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI	RELATED TO THE \ /13			
19A. DATE OF OPERATION 198.	CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes er Ne) 20B	. IF YES, WERE FINDINGS	CONSIDERED
E 100/11/1/ 11/0/1/1/	hranic Suls dural herra	C III	CERTIFYING CAUSES OF	DEATH?
U 21A. ACCIDENT WAS UNDERLYIN	IG 218. PLACE OF INJURY (e.g., in	or ebout 21 C. WHERE DID	(If in Beltimere City, give	ve exoct locetien)
OR CONTRIBUTING CAUSE OF DEATH (notify medicel exeminer)	(etc.)	32.0	10	
0	eer) (Heur) 21E INJURY OCCURRED		burson St	, /
S OF INJURY	While At Net While		0/0.	1-1/
	4 Pr Werk Al Werk		01 600	HILLOW
	ival) attended the deceased fram		10 11 -	20 1966
that (1) (we) last saw the dece	eased alive an 11/20	19 66 and that in	(my) (aur)oplnian dea	th accurred an the d
	stated abave (1) We) (did) (did nat) vi			
23A. SIGNATURE	20		23 B. DA	TE SIGNED
1	M.D. Atter	nding Med. Steff	N II	1-20-66
23° PHYSICIAN'S	Dum - Phys	Director Phys.	4	200
NAME (Type)		O		
SYANCEYL	BLUM. M.D.	Some as #	- 3.	
24A. BURIAL CREMATION, 24B. DAT	24C. NAME of CEMETERY of CRE	MATORY 24D. LOCAT	ION (City, tewn,	er county) (Slete
	4/66 St. Stanislaus	Relt	imore, Ma	arvland
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Imore,	ADDRESS
NOV 23 191	36 P. P. S. E. Farley M.A.	M.F. SADOWSKI	& SONS, 1808	EASTERN



BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO. 66 11726 CERTIFICATE OF DEATH Registered No.	66 11726
1. NAME OF DECHASED 2. DATE AND HOUR OF DEATH (Type of Print)	645
HARRIET EMIL DONNEY /1-14-66	P.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institu	tion: residence before admission)
FULL NAME OF (If nal in haspitol or institution, give street HOSPITAL OR oddress or location) (In control of the control of t	MORE (AL ond give township)
TII MILL BALTIMORE	53-00
UNION Memorial Hospital D. STREET ADDRESS (If rurol, give locotion)	
temple white Married 1-9-14 52	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
done during most of Thing Gewind Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign cauntry) Own Home	2. CITIZEN OF WHAT COUNTRY?
Not Known New Vork	United States
13. FATHER'S NAME	
Leo P. Bebble Elizabeth Thomps	io N
15. Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT (Yes, na or unknown) (If yes, give wor ar dates of service) SECURITY NO.	ADDRESS
UN KNOWN Not KNOWN PATIENT Chart	
1B. CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (A) CARCINOMA TOSIS	OVR.
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if ony, giving	
rise to the obove cause (A) stating the (C) UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. UNITED BY THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes or No.) 208. IF YES, WERE FIND WAS PERFORMED	DINGS CONSIDERED S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, foctory, street, office bldg., INJURY OCCUR?	ty, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work At Work	
22. 1 certify that (a) (this haspital) attended the deceased from 1/-/3 1966 to	1-19 1966
that (F) (we) lost sow the deceased alive on 11-19 19 66 and that in (aur) opinion	death accurred on the date
and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
	B. DATE SIGNED
Attending Med. Stoff Phys. Director Phys.	11-19-66
23C. PHYSICIAN'S	11 11 00
NAME (Type)	DITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, 1	PITAL awn, or county) (State)
11/21/66 Greenmount Cemetery Crematorium B ltim	more, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS)
MOV 22 1966 P. D. R. E. Stopen M. M. John (Stull Jono (Southe ha.
VS 150-REV. 1/1/65	

France Libette Maximal "-1-14 25 New York and not Known Elizabeth Theregies Les P Belble no rome latina + Charle an turn CARE CHAMAPOSING

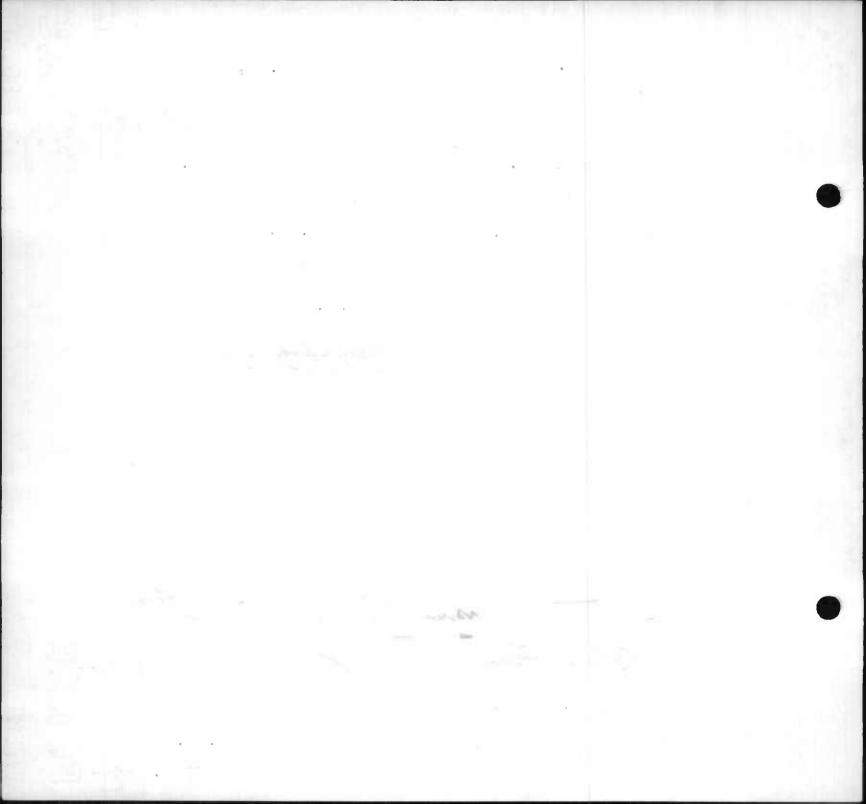
	00 1	4 76 9 5	BALTIMORE CITY	HEALTH DEPARTMENT		C.C. \$ 4 1551
BIRTH I	ио.	1727	CERTIFICA	TE OF DEATH	Registered No.	66 11727
M.E. C	ASE NO. AE OF DECEASED		1		ID HOUR OF DEATH	
	or Print)	. (-			/	11:10
2 DI A	CE OF DEATH IN BALTI	ITT EDW	ARD AHART)	Nav.	20 66	
, PLA	CE OF DEATH IN BALTI	MORE, MARILAND		A, STATE B. COUN	re deceased lived. If in	stitution: residence before odmissio
ELLL	L NAME OF (If not	in haspital or institutio	an our street	MARY! AND		P. Otila
HOS	SPITAL OR oddres	or locotion)	on, give street	C. CITY OR TOWN (If ou	tside city limits write II	URAL and give township)
INST	TITUTION 42 UNION MEA	LOIN HALL	2ITAI		13700 0117 1111113, 111110 11	53-00
				D. STREET ADDRESS III	rurol, give location)	05-00
33	BRD AND CALUE	AF DT, ISALT	TIMORE, MD	D. STREET ADDRESS	roror, give rocation/	
				4245 KLEI	NA AVENUE	
. SEX	6. RACE	7. MARRI	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
-A	LINKIT	_		12/-2/811	D. /	701111
OA. US	SUAL OCCUPATION (GIVE	kind of work 10B, KIND	HRRIED OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ian country)	12. CITIZEN OF
	uring most of working life, eve			_		WHAT COUNTRY?
Ra	ETIKED	Sped	den Shipbuildin	GZRMANY		AMERICAN
3. FAT	THER'S NAME	T Divoca		14. MOTHER'S MAIDEN NA	ME	Typrem.
\mathcal{A}	Deceased Ever in U. S.	T		AUGUSTA L	ZUIN	
5. Was	s Deceased Ever in U. S. or unknown) (If yes, give	Armed Forces?	e) SECURITY NO.	17. INFORMANT		ADDRESS
			212-07-2183		1015	2/
	NO L			Raymond L Wit	t 4245 Klein	
IB.	42211		CAUSE	F DEATH		ONSET AND DEATH
	DISEASE OR CONE		4			
	LEADING T	DEATH	(A) ARTER	10 SELZROTIE CAR	DOUASCHLAR	OCT ZK ~ NOV
	his does not meon the earl failure, asthenia, etc		.g., DUE TO		DISEMSE	
	jury or complication wh					
	ANTECEDEN	T CALISES	(B) CERE	KAL AKTERIOSC	LZROSIS	OCT >4 - NOUZ
	ISEASES OR CONDIT		ing	8		OCT ZU ~ NOU:
	se to the above c NDERLYING CONDITIO		ine (C) 77 C4	ute yeldnert	(////	UCI ZE ~ NOU!
		·			·	
z o	THER SIGNIFICANT CON	DITIONS CONTRIBUT	TING			
2 TO	O THE DEATH BUT	NOT RELATED TO				
-	ISEASE OR CONDITION			I 20 A	1 00D 15 HER 11155	
ERTIFIC	A. DATE OF OPERATION	WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	USES OF DEATH?
FR				No		
U 21	A. ACCIDENT WAS UND	ERLYING T	218. PLACE OF INJURY (e.g., i hame, larm, factory, street, o	in or obout 21C. WHERE DID	(If in Baltimore	City, give exact location)
4 DE	ATH (notify medical exam		etc.)	The stage, It so ki so cook.		
<u>0</u>	D man (14 (1) (D			275 112111 212	111nv	
WIGE	D. TIME (Month) (D	oy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	ORY OCCUR?	
₹ (A	PPROX.)		While At Not Whi At Work	le 🗌		
0.0		1 4 1			10.11	
			d the deceased fram		19 66 to do	
the	at (1) (we) lost saw th	e deceased olive o	n NOU 20	196.6ond th	not in (my) (our) opi	nion death accurred on the d
on	nd hour and from the c	ouses stated above	. (I) (We) (did) (did nat)	view the body after deoth.		
	A. SIGNATURE		(1) (1) (1) (1) (1)			238. DATE SIGNED
	AIM	DA	M.D. Att	ending A Med	Stoff	234 27772
	11011	1	Phy	ending Med. Director	Stoff Phy s.	
23 (C. PHYSICIALES NAME (DR) STILL	ADT D		23D. ADDRESS 20 E	22DD CT	
	HAME DIK STU	ART D.P.	SUNDAY M.D.	301	33RD ST	0 5-05-
244) T	WART D.P	. JUNDAY	201 6457	HIRTY - THIK	U STREET, 18
	TEMOVAL (Specify)	24C	NAME of CEMETERY OF CR	EMAIORY 24D. L	OCATION (Ci	ty, town, ar county) (State
	rial	11/23/66	St. Peters Luth	ern Cem. Full	lerton Bal	to. Co. Md.
	DATE REC'D BY HEALTH		AE OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
			4 4 4			
	MUA 53	1966 10 0	RIC FALLERY	- Lassahn Fund	ral Home 7	Ol Belair Rd.
10 300	D-REV. 1/1/65	G LO CEU	19		7	

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FUNERAL DIRECTOR: IMPORTANT	di	X X E
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such an written approval must be obtained before the remains are embalmed or final disposition is made.
	A	100
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BALTIMORE	CITY	HEALTH	DEPARTMEN
BALTIMORE	CITY	HEALTH	DEPARTMEN

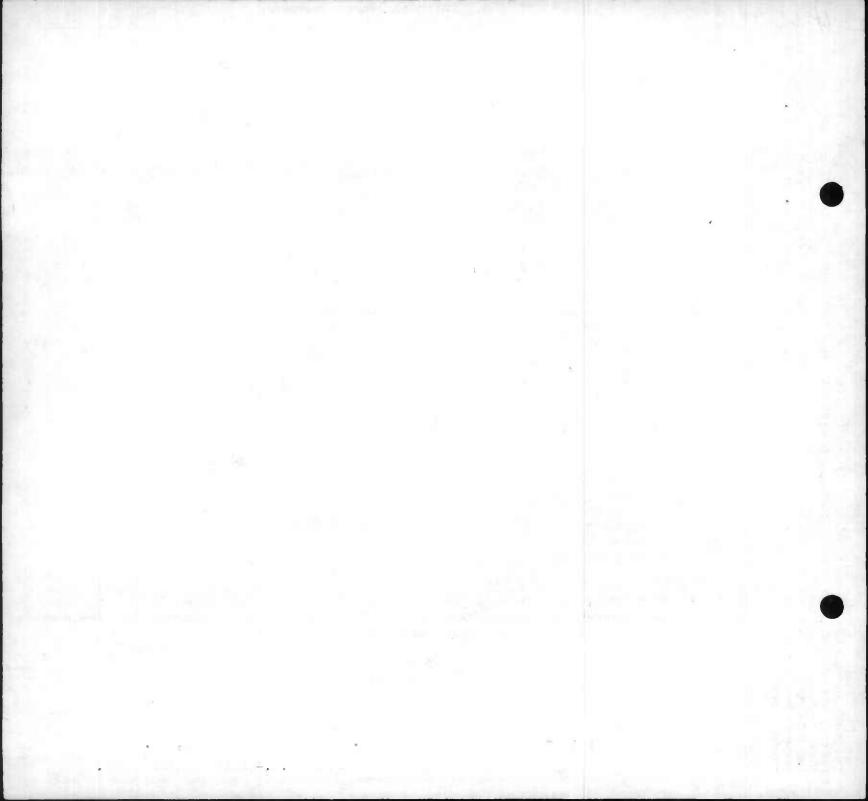
BIRT	TH NO.	66 11728			TE OF DEAT		66 11728
	AME OF DEC	FASED				E AND HOUR OF DEATH	
	e or Print)		argaret	Brewer		. 21, 1966	8:00 P. M.
3.	LACE OF DEA	TH IN BALTIMORE, MA			4. USUAL RESIDENCE	(Where deceased lived, If ins	titution: residence before admission)
						COUNTY	
	FULL NAME O	F (If not in hospital oddress or location	or institution,	give street	Maryland	(If outside city limits, write R	IIID A 1
1	NSTITUTION				Baltimor	13	OKAL and give lownship)
١,	0:0				D. STREET ADDRESS	(If jurel, give location)	01
6	10 280	6 Greenmount	ATTO			enmount Ave.	
5. 5		6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
F	emale	White	Div	o, DIVORCED (specify) TOTCED	6 15 1888	10st birthdoyl	Months Doys Hours Min.
		JPATION (Give kind of work working lile, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
0011	Cler	_	Comm.	Motor Vehicle	s Balto. Md	l.	USA
13.	FATHER'S NAA	ΛE			14. MOTHER'S MAIDEN	NAME	
	J	ames Turner			Katherine	Nash	
15. (Ye	Wos Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	, , , , , , , , , , , , , , , , , , ,		212 38 0119	Mrs. A. Marg	garet Dezes 38	06 Greenmount Ave
	1B. 4 4	SXI		CAUSE O			INTERVAL BETWEEN
	DISEAS	SE OR CONDITION DIR	ECTLY			/ 2	ONSET AND DEATH
		LEADING TO DEATH		(A)	Artenose lamb	c Carrio-Vusc	u- 0, 458.
	heart failure,	tol mean the made of asthenia, etc. It means application which caused	the diseose,	DUE TO	er Dissore with	Cartio-Vase	
		ANTECEDENT CAUSES		(B)			
	DISEASES OR CONDITIONS, if any, giving						
	rise la the	a abave cause (A) G CONDITION last.		(C)	***************************************		
	-	11					
ATION	TO THE D	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH				
ERTIFIC,	19A. DATE OF	OPERATION 198. CON WAS PERI	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B. IF YES, WERE F	INDINGS CONSIDERED SES OF DEATH?
AL C	OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF		PLACE OF INJURY (e.g., ine, form, foctory, street, o			City, give exact location)
DIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DIE	D INJURY OCCUR?	
WE	(APPROX.)		Wh	ile At Not Whil			
	22. I certify	that (1) (t his hospit al) ottended t	he deceased from 4	Ctober 30	19 67 to N	6 vember il 19 66
	that (I) (w e)	-last sow the decease	d olive on	Navember.	91 . [1]		ion deoth occurred on the dote
	and hour and	from the couses stat	ed obove. (I) (We) (did) (d id no)) v	view the bady ofter de	oth.	
	23A. SIGNATU	RE JOIL	11/				23B. DATE SIGNED
		May 10.	gren	M.D. Atte	ending Med. Director	Stoff Phys.	11/22/66
	23C. PHYSICIA	N'S			23D. ADDRESS		
			lynn,	MD M.D.	11 East (Chase Street	
24/	BURIAL CRE	MATION, 24B. DATE		AME of CEMETERY of CR			y, town, or county) (State)
	Burial		966	Mount Olivet		Balto. Md.	
	. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
	1/4	OV 23 1966 (bo Cars	2, Falleins	Mc Ch	ully 130 E	. Fort Ave

VS 150-REV. 1/1/65



	death occurring or contribution Undetermine as in regular in deceased	CALALIA VI LOLLY
PORTANT	is assistant if of any kind; (4) I need death we need death we need death we need to see any the see and the see a	THE PARTY OF THE P
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurrence body was released to the hospital by a medical examiner. Also, if the direct or contribustows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermine was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased decided to the deceased of the physician was in regular.	Commence of the last of the la
JNERAL DIR	chief medical of a medical of Body burns; (3 the physician yesician was it	ALL STATE OF THE PARTY OF THE P
F	the hospital be ny nature; (2) except where and (6) No phenical hospitals.	COCC
	te must be apply seed to to accident of a crident of a it a hospital (cor to death);	
	This certificathe body was shows: (1) An was D.O.A. o deceased principles.	

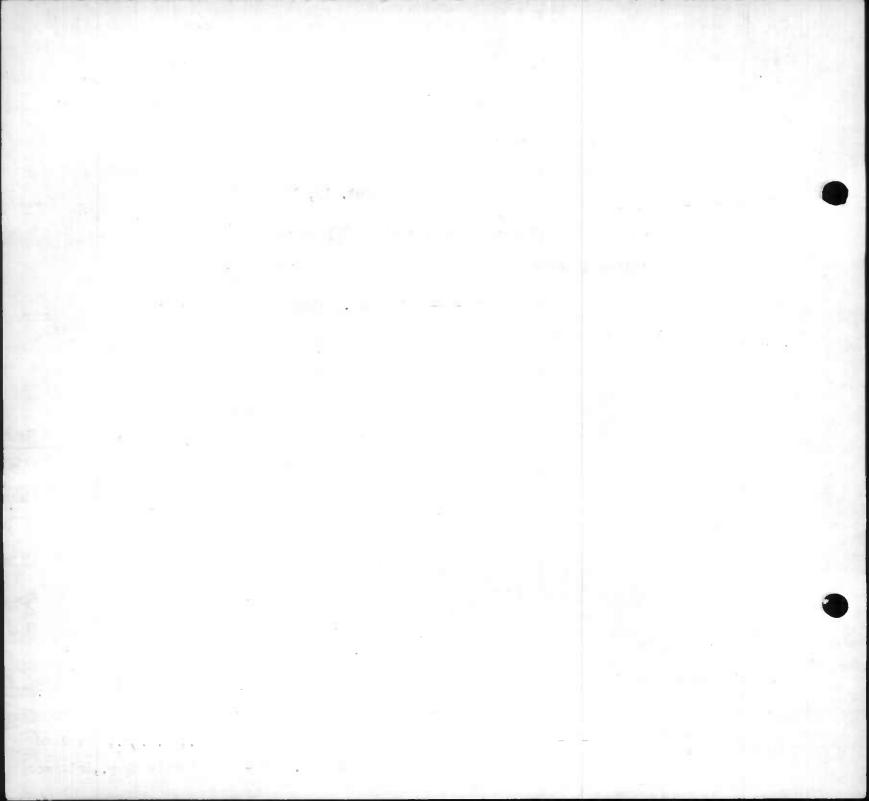
12		TY HEALTH DEPARTMENT	CC 4 STOR
1	TH NO. 66 11729 CERTIFIC	ATE OF DEATH Registered No.	00 11729
1, 1	NAME OF DECEASED pe or Print) Doris J. Muth	NOV. 20 1966	5 PM M
	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY Maryland Ballime	stitution: residence before admission)
	HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write R	URAL ond give township)
,	34 Box Secours Hospital	D. STREET ADDRESS (If rural, give location)	Ave.
5.	F. 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 12/19/13 52	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST the during most of working life, even if retired)	Maryland	12. CITIZEN OF WHAT COUNTRY?
3.	FATHERS NAME Earl C Ruder	Anna Harrington	usii
5. Y e	Was Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service) 11.6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	(A) DUL O (This does not meon the mode of dying, e.g., heort foilure, asthenio, etc. It meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES	ri noma trois	Mon 12
	DUE TO	arinoma, signisia	d a mo.
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	77 70	INDINGS CONSIDERED ISES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, form, loctory, street, etc.)	office bldg., INJURY OCCUR?	City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED While At Work At Wo	hile 21F. HOW DID INJURY OCCUR?	
	22. I certify that (1) (this haspital) attended the deceased from that (1) (we) lost sow the deceased alive on NOV world.	september 10 1966 to NOV 20 1966 and that in (my) (our) opin	ion death occurred on the date
	ond hour and from the couses stated above. (1) (We) (did) (did not 23A. SIGNATURE		
	Hal Hun Kim M.O.	Attending Med. Stolf Phys.	NOVIDO 1960
24/	23C. PHYSICIAM'S NAME (Type) AE HUN KIM M.	16011 000013 100	A STATE OF THE STA
241	Burial CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMETERY OF CREM		
254	NOV 23 1966 258. NAME OF REGISTRAR	Cem. Baltimore, M 25C. FUNERAL DIRECTOR Witzke F.D. 101 Edmonds	ADDRESS
10	160 BEV 1/1///		



	BALTI	MORE CITY	HEALTH DEPARTMENT		66 11730)
	H NO. 66 11730 CER	TIFICA	TE OF DEATH	Registered No	00 11/3(,
1, N/	AME OF DECEASED of PrinFIFER, WELLINGTON COLTON			HOUR OF DEATH BER 17,19	66 9:15	P
	LACE OF DEATH IN BALTIMORE, MARYLAND ULL NAME OF (If not in hospital at institution, give street		4. USUAL RESIDENCE (Where A. STATE B. COUNTY MARYLAND 2122		itutian: residence befare ad	dmissian)
H	OSPITAL OR addiess or lacation) NSTITUTION		C. CITY OR TOWN (If autsid	de city limits, write RU	IRAL and give township)	4.2
	ST. AGNES HOSPITAL CATON AND WILKENS AVENUES			ral, give lacation)		0
	SALTIMORE, MARYLAND 21229 WALE 6. RACE 7. MARRIED, NEVER MAR WHITE MARRIED MAR	RRIED (specify)	B. DATE OF BIRTH 9,	AGE (In years sy birthday)	If Under 1 Yı. If Under Manths Days Haurs	24 His. Min.
IOA.	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS Of during most of working life, even if refired) RETIRED —Accountant WESTINGHOU		11. BIRTHPLACE (State or fareign	country)	12, CITIZEN OF WHAT COUNTRY?	
	ATHERS NAME		14. MOTHER'S MAIDEN NAME	E		
C	CLARENCE (DEC D)		BERTHA COLTON	(DEC D)		
5. V Yes,	Vas Deceased Ever in U. S. Armed Farces? na arunknawn}{(If yes, give war ar dates of service) 16, SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRESS	
	Yes 1917 - 1919 460-03-	-5511	Mrs. Josephine H	ifer - same	1.0	
	18. / 5	CAUSE OF			INTERVAL BETWO	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			0 0.		
	(This does not mean the mode of dying, e.g.,	DUE TO	many ,	of the	************************************	
	heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.)	0.0.		Una A		
	ANTECEDENT CAUSES	(B) Q(C)	12 mm m	allnain	Q	
	DISEASES OR CONDITIONS, if any, giving	DUE TO	061861			
	rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	1C1 W				
-	UNDERLYING CONDITION lost,					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 15.					
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER WAS PERFORMED	End	In yes	20B. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?	
0	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF 11 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF 11 hame, farm, factor	NJURY (e.g., in ary, street, aft	al about 2 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimare (City, give exact lacation)	1-
ME	21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OC While At Wark	Nat While				
	22. I certify that (1) (this hospital) attended the deceased that (1) (we) lost saw the deceased alive on NOVEMBE	fromNOV	EMBER 7, 19	66 to NOVE	MBER 17, 19	66,
	ond haur and fram the coopes stated above. XI) (We) (did)	(KKKb)	iew the body ofter death.	,		
23A. SIGNATURE 23B. DATE SIGNED						
	23C. PHYSICIAN'S		s. Director P	hys.	11-17-66	5
	KAMON Y. SUAREZ	M.D.	St-agne	a florghit	J. Balto. A	11.
24A.	REMOVAL (Specify)	Motion	V	CATION (City,	, tawn, ar county)	(State)
25A.	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	Marion	al Cemetery Bal	timore, Mar	y Land ADDRESS	-
	NOV 23 1968 10 0 5 8 3	To Pall	George J. Gonc	e-4001 Ritch	hie Hgwy., Bal	timor
VS 1	150-REV. 1/1/65					

Such

	BALTIMORE CITY	Y HEALTH DEPARTMENT	1	66 1173			
BIRTH NO. 66 11731	CERTIFICA	TE OF DEATH	Registered Na	00 1175			
Type of Print) NORFOLK 705	EPH H.	2. DATE AND 1	OUR OF DEATH	1.55 a			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where de	ceosed lived. If instit				
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	maryland	city limits, write RUR	Q.Q. Co . RAL ond give township)			
	no 1. 1	BAITO		32-00			
Lytherau Stoep: Tal of	marylana.	D. STREET ADDRESS (If rurol,	give location)				
S. SEX 6. RACE 7. MARE	IED. NEVER MARRIED	1	C + /)	f Under 1 Yr., If Under 24			
	WED, DIVORCED (specify)	Sept. 13, 1890 10st	birthdoy) N	Norths Doys Hours Mi			
male WhiTe m	OF RUSINESS OF INDUSTRY		79 4rs.	12. CITIZEN OF			
fone during most of working life, even if retired)			ounty)	WHAT COUNTRY?			
Foreman Clot	ning Manufacturi	ing Baltimore		USA			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
William Norfolk		Anna Goe	etz				
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
Yes, no or unknown) (If yes, give wor or dotes of servi	213-05-0293	Mrs. Elizabeth No	rfolk - es	me .			
No		OF DEATH	AIUIR - Sa	INTERVAL BETWEEN			
3321				ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4	nenchopneuma	ua-	49 hours			
(This does not mean the made of dying,	e.g., DUE TO			10 10000			
heart failure, asthenia, etc. It means the dise	heat failure ashesis at the season the disease						
	injury at camplication which caused death.)						
	ANTECEDENT CAUSES (8) DUE TO						
DISEASES OR CONDITIONS, if any, giving hepathic facture							
rise to the above cause (A) stating UNDERLYING CONDITION last.	ine (C)						
11							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING FIZE	berieschen wert					
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FIN	DINGS CONSIDERED			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., home, form, foctory, street, etc.)		(If in Boltimore C	ity, give exoct locotion)			
O 21D-TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?				
OF INJURY	While At - Not Whi	te C	- 500 h.				
(APPROX.)	Work At Work		1 10	110 1			
22. I certify that (1) (this hospital) attend		10 13 19	10 to 110,	2166 10 19			
that (1) (we) last saw the deceased alive	on Novellle 18	19.66 and that i	n(my) (aur) aplnic	on death occurred an the			
and hour and fram the causes stated abov	e. (1) (We) (did) (did fact)						
23A. SIGNATURE	(-/ (/ (ala/ (aa-//al/	TION THE DULY UTTER DEUTH.	124	B, DATE SIGNED			
listas ladegnerio	M.D. Att	rending Med. Stof Phy		11.18 1966			
23C. PHYSICIAN'S NAME (Type) MILOS RADOTKOVI	C, M,D.	23D. ADDRESS LIVTHERAN HOSPIN	AL OF MAR,	YLAMD			
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CE	REMATORY 24D. LOCA	TION (City,	town, or county) (Sto			
REMOVAL (Specify)	Orden Wass of			un de la superiorie			
Burial 11-21-1966 25A. DATE REC'D SY HEALTH DEPT. 25B. NAI	Cedar Hill Ceme	125C. FUNERAL DIRECTOR	e Hgwy., A.	A.Go., Marylan			
WOV 2 3 10gg (1) 0	R. C. Z. D.						
1101 60 1300 11/2	D.C. Janker	George J.Gonce-	HOOT WITCHI	e ngwy., bartim			
/S 150-REV. 1/1/65		1					



NOV V\$ 150-REV. 1/1/65

1966

BIRTH NO.	66 11	72-2		TE OF DEAT		66 11732
A. CASE NO. NAME OF DECE Type or Print)	ASED	A GITES		2. DA	TE AND HOUR OF DEAT	
FULL NAME OF HOSPITAL OR INSTITUTION	TH IN BALTIMORE MA	AMENI or institution, give stre	DED	4. USUAL RESIDENCE A. STATE B. C MARY LAN C. CITY OR TOWN BALTINO 12 D. STREET ADDRESS	(Where deceased lived. If COUNTY) (If autside city limits, writ	institution: residence befare admission
• SEX	6. RACE	7. MARRIED, NEVER WIDOWED, DIVO	MARRIED RCED (specify)	B. DATE OF BIRTH 7 EB. 21, 1883	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Manths Days Hours Min.
dane during most of w	vorking life, even if retired)	10B. KIND OF BUSIN		11. BIRTHPLACE (State of MARYLAND)	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM	H HALL	GIAN		14. MOTHER'S MAIDEN	NE MARÍ	IN
5. Was Deceosed Yes, no or unknown)	Ever in U. S. Armed For (If yes, give wor ar date	es of service) SE	CURITY NO.			SOS ADDISTABURU
(This daes no	E OR CONDITION DIS LEADING TO DEATH at mean the mode of asthenia, etc. It means	RECTLY dying, e.g.,	CAUSE O	F DEATHperfora	tion of ileum ileum due to	INTERVAL BETWEEN ONSET AND DEATH
DISEASES O	plicotian which coused NTECEDENT CAUSES R CONDITIONS, if abave couse (A) G CONDITION lost,	any, giving	(B) STA	CANACI LATE	D INTERNOL	HERIUIA
TO THE DE DISEASE OR OF 19A. DATE OF MOD 17A. ACCIDEN OR CONTRIBU	FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING OPERATION 198. CON WAS PER	ATED TO THE IT. IDITION FOR WHICH FORMED 17/10 ML 1218 PLACE	6/87/RUCT	1	IN CERTIFYING (RE FINDINGS CONSIDERED CAUSES OF DEATH?
DEATH (notify	medical examiner (Manthl (Day) (Year)	etc.)	Y OCCURRED	21F. HOW DI	D INJURY OCCUR?	
ond hour ond 23A. SIGNATU 23C. PHYSICIAI NAME (T)	RE	P. Cali	(did) (did not)	19 66 oview the body ofter de priestor 23 D. ADDRESS FANKEMENT 2	Staff Phys. P	(City, town, or county) (State)
Burial 25A. DATE REC'D	Nov.21,	1966 New C	athedral (25C FUNERAL DIR	Baltimore,	tchie Hgwy., Baltimo

Letter from Franklin Square Hospital 11-28-66 M.H.

Such of death (5) Deceased LO hospital death. ance COUSE cause; attend 0 occurred in prior contributing Undetermined regular is made. eceased death disposition 2 Was the ₹ _ uo kind; eath final attendance any pronounced OL or his A ISO, embalmed of fracture the chief medical examiner regular who are (2) physician the remains medical Was burns; physician Body the 0 before by here 3 to the hospital °Z nature; 3 obtained 9 (except and any Pe of death) hospital must accident 40 approva ō prior

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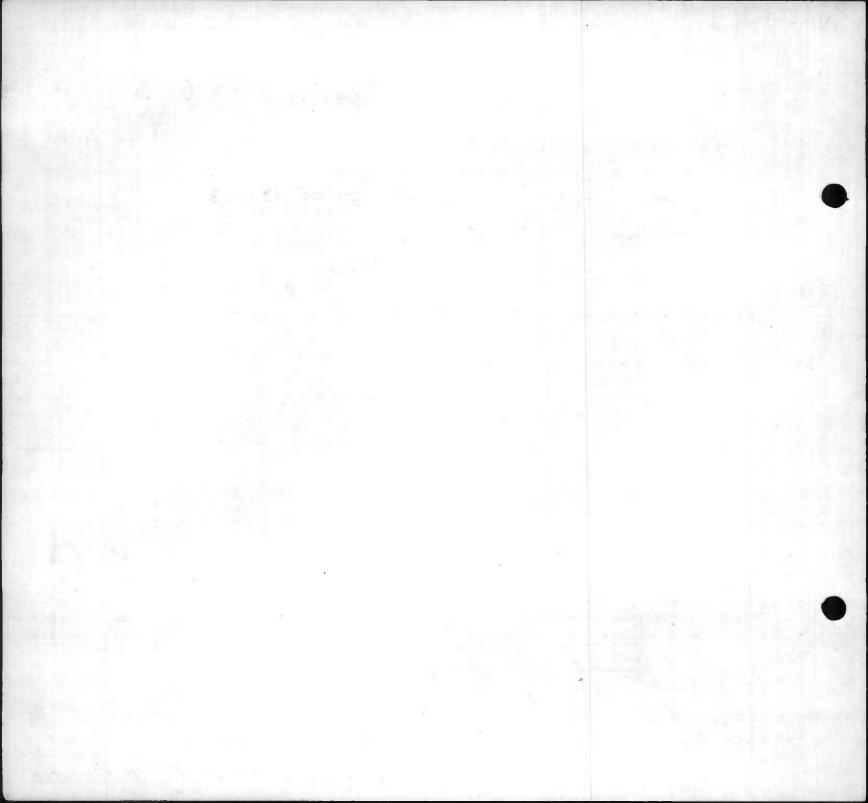
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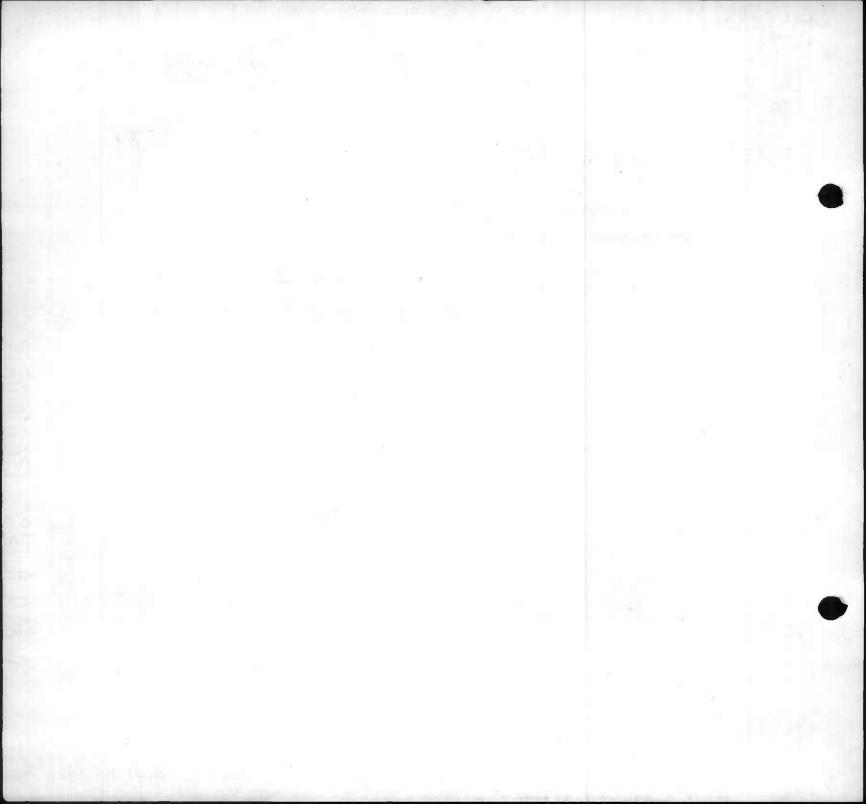
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3

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased (If not in haspital or institution, give street FULL NAME OF address or location) (If autside city limits, write RURAL and give township) INSTITUTION 5 MARYLAND GENERAL (If rural, give lacation) 8710 Church LANE 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Il Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours last birthd MALE NEGRO 0 MARRIED IDA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHP LACE (Stale or lareign country) 12. CITIZEN OF WHAT COUNTRY? CandallsTo MARYLAND TARDNER 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME OWEN NORRIS TENEUCA 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. SAME UNKNOWA INTERVAL BETWEEN 60 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ABETIC (This does not meon the made of dying, e.g., heart failure, asthenio, etc. It means the disease. injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stoling the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED es 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING __ CAUSE OF 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimore City, give exact lacotion) MEDICAL DEATH (notily medical examined) etc.) 21 D. TIME (Day) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY White At Nat While (APPROX.) Wark At Work 22. I certify that (+) (this hospital) attended the deceased from 19 66 11/21 that (N (we) lost sow the deceased alive on.... ond hour ond from the couses stated obove. (1) (We) (did) (did-net) view the body ofter deoth. 23A. SIGNATURE 23B, DATE SIGNED Attending Stall M.D. Med. Phys. Director Phys. 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) M.D. lano ernar a u 24A, BURIAL CREMATION, 124B. DATE CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specily) Ino mas 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNGRAL DIRECTOR VS 150-REV. 1/1/65



m		CITY HEALTH DEPARTMENT					
		CATE OF DEATH Registered No.					
	M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUSE OF DEATH					
	(Type or Print) DORSEY PHYLLIS J	. 11/19/66 11/4:30/ M. M.					
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY					
	FULL NAME OF (If not in hospital or institution, give street	MARYLALN					
	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
	00/11/1 - // -/	D. STREET ADDRESS (If rurol, give location)					
6	38 UNIVERSILY HOSPILAL	2300 N LONGWOOD ST 21216					
mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIYORCED (specifi	9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours Min.					
IS II	FEMALE (VEGRO NARRIED	3/26/40 26					
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU	WHAT COUNTRY?					
isposition	EXAMIER LONDON MITY CO	MARY LAND US					
pos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
dis	U Ma HAWKUND	FRANCES SLOAN -					
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
fina	2/4-35-53	350 LRVIN A. DORSEY 2300 Longwood SI					
0	4/6/	SE OF DEATH / INTERVAL BETWEEN ONSET AND DEATH					
60	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	RHEUMATIC HEART DISEASE.					
balmed	(This does not mean the mode of dying, e.g., DUETO	THE TIEFFE IN CAPE					
od [100 F. P. C. P. L. D. D. C.					
e 3	ANTECEDENT CAUSES (B) MULTIPLE PULMON ARY ENBOLI DUE TO						
are	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C) BRONCHO-REURAL FISTULA -						
	UNDERLYING CONDITION lost.	20,0000 //200,000					
ā	_ II						
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
the	DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE FINDINGS CONSIDERED					
	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?					
before	OR CONTRIBUTING CALLSE OF home form footons stro	e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) et, office bldg., NJURY OCCUR?					
pe	DEATH (notify medical examiner)	**indutions,					
eq	OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED						
btained		While Work					
obt	22. I certify that (1) (this haspital) attended the deceased from	9/21 1966 to NOU 1,9 1966.					
pe	that (1) (we) last sow the deceosed alive on 11/19 19 6 and that in (mg) (aur) apinion deoth occurred an the date						
	and hour and from the couses stated above. (1) (We) (did) (did n	not) view the body ofter death.					
must	23A. SIGNATURE M.D.	Attending Med. Stoff Attending Med.					
_	1/h Arna 1/VIII/80	Phys. Director Phys.					
70	SAME (Type)	23D. ADDRESS HOSP. DA					
approval	I HAN MAIN	M.D. UNIUE 88194 17081112					
	24A. BURHAL CREMATION, 24B. DATE						
tte	BURIAL 11/19/66 HRBUIUS 1/1	Emorial PARK ARBUIUS BALTO CO MICH.					
written	NOV 23 1966 P. S. Faller	25C. FUNERAL DIRECTOR ADDRESS A.M. HERBERT E. NUTTEN 3035 W. NORTH AND					
	VS 150-REV. 1/1/65	THE THEORY T. MUITER SUSS W. MORTH HE					



1	FUNERA	L DIRECTOR:	FUNERAL DIRECTOR: IMPORTANT	
This certificate must be	This certificate must be approved by the chief medical examiner or his assistant if death occu	dical examiner	or his assistant	if death occu
the body was released 1	the body was released to the hospital by a medical examiner. Also, if the direct or contri	ical examiner.	Also, if the dir	ect or contr
shows: (1) An accident of	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermi	rns; (3) A fractu	re of any kind; (4) Undetermi
was D.O.A. at a hospita	was D.O.A. at a hospital (except where the physician who pronounced death was in regu	sician who pro	nounced death	was in regu
deceased prior to death	deceased prior to death); and (6) No physician was in regular attendance on the deceased	was in regular	attendance on	the decease
written approval must b	written approval must be obtained before the remains are embalmed or final disposition is m	nains are emba	lmed or final dis	position is m

197	66 11735 BA	LTIMORE CITY HEALTH DEPA	ARTMENT	. 66 11735
BIRTH	NO. CASE NO.	RTIFICATE OF D	EATH Registered No.	7 00 11755
1.NA (Type	or Print HOTIS Shielel	A	2. DATE AND HOUR OF DEATH	66 8 F. M.
上	RTIFICATE AMEND	ED A. STATE	B. COUNTY /	nstitution: residence before admission)
HC	SPITAL OR oddress or location) 12-	15-66 Maryl c. city of to Balti	1	RUPAL and give township)
10	SINDI HOSPITM	D. STREET AD		
S. SE	WIDOWED, DIVORO	ARRIED B. DATE OF BIL	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. L	male Colored single USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES: during most of working life, even if retired)	March 1 s or industry 11. BirthPlac		12. CITIZEN OF WHAT COUNTRY?
3. F	Social Worker	New Yo	rk MAIDEN NAME	USA
	larence Artis	Maggi	e Davis	ADDRESS
Yes,	as Deceased Ever in U. S. Armed Forces? 16. SOCI	RITY NO.		
	No B.	CAUSE OF DEATH	Artis 3728 Columbu	S Drive INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Hodal	lins Disease	~ /
Į.	This does not mean the mode ol dying, e.g., leart foilule, osthenia, etc. It meons the disease,	DUE TO TO		Sept. 2, 1965
1	njury ar camplication which caused death.) ANTECEDENT CAUSES	(B)		
1 1	DISEASES OR CONDITIONS, if any, giving			
	ise to the above cause (A) stating the JNDERLYING CONDITION last.	(C)		
Ξ.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Me Cell.	Anemin	vd Lnow.
	9A. DATE OF OPERATION 198. CONDITION FOR WHICH O	PERATION 20 A. AUTOF	PSYS (Tes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
0 2		F INJURY (e.g., in or about 21C. Noctory, street, affice bldg., INJU	WHERE DID (It in Baltimon	e City, give exact location)
MEDI	1D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY APPROX.) While At Work	Not While At Work	HOW DID INJURY OCCUR?	- 1
	2. I certify that (1) (this has piral) attended the decea		19 to	19
	and hour and from the cayses stated above. (1) (We) (d	id) (did nat) view the bady		inion death accurred an the date
2	3A/SIGNATURE // Merry No	M.D. Attending Phys.	Med. Staff Director Phys.	23B, DATE SIGNED
2	3C. PHYSICIAN'S NAME (Type)	23D. ADDRESS M.D.		1
24A.	BURIAL CREMATION, 24B. DATE 24C. NAME of C	EMETERY OF CREMATORY	24D. LOCATION (C	ity, town, or county) (State)
	Burial 11-22-66 Arbutus Date REC'D BY HEALTH DEPT. 258. NAME OF REGIST	Mem. Park 1250 FILMER	Raltimore, Mar	ryland ADDRESS
~~~	NOV 23 1966 (Rest E.	to C. un		727 N. Monroe Street
VS 1	50-REV. 1/1/65		The state of the s	INTITUE DILEBI

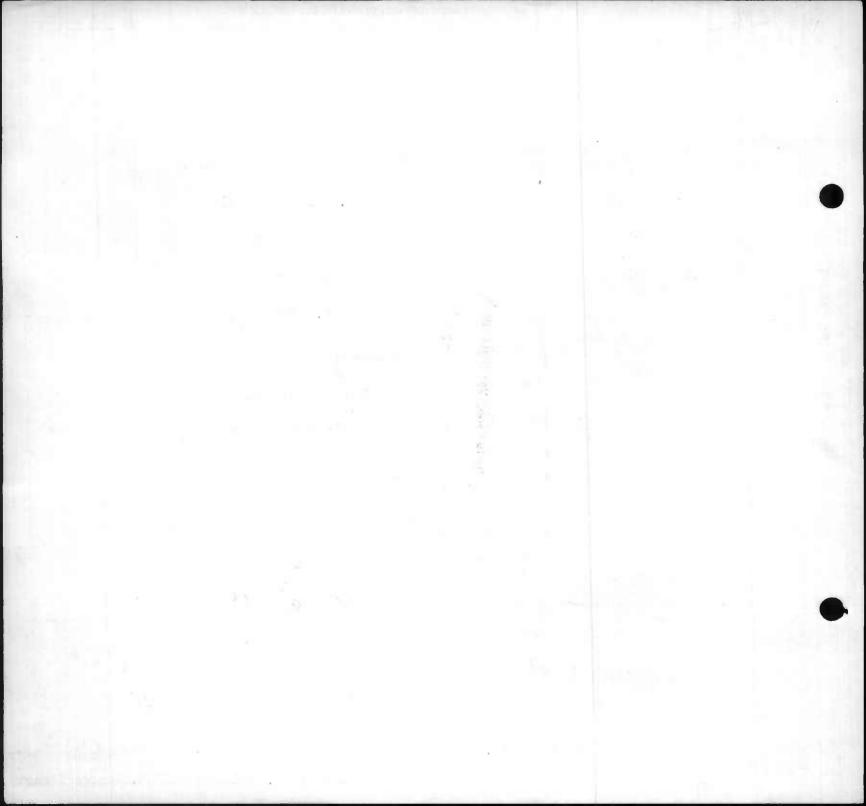
66-11735 SINAI HOSPITAL OF BALTIMORE, INC. BELVEDERE AVENUE AT GREENSPRING PHONE: 367-7800 BALTIMORE, MARYLAND, 21215 December 13, 1966 Department of Death Registrations Bureau of Vital Records Baltimore City Health Department Baltimore, Maryland 21203 Re: Shirley Artis-Date of Death 11/17/66 Gentlemen: Shirley A. Artis, 3728 Columbus Drive, Baltimore, Maryland 21215 was first admitted to this hospital September 2, 1965 with complaint of abdominal pain for 4 months and sickle cell anemia since age 1. On September 13, 1965, a biopsy revealed Hadkin's sarcoma. Taken from the hospital records 12/13/66. Albert Mendeloff, M.D. Physician-in-Chief EMC

BIRTH NO. 66 11736	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No.	66 11736
I.NAME OF DECEASED (Type or Print)  Enough Deserted		D HOUR OF DEATH	1

BIRTH NO. M.E. CASE NO.	66 1173	CERTIFICA	TE OF DEATH Registered No.	
NAME OF DE	CEASED		2. DATE AND HOUR OF DEATH	
	Frank Davis		November 17, 196	56 N
. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased fived. II A. STATE B. COUNTY	institution: residence before odmission
FULL NAME		or institution, give street	Maryland C. CITY OR TOWN (If outside city limits, write	
INSTITUTION	K oddress of toconor	1)	C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
	0000 73		Baltimore /6	5-010
00		ondson Avenue	D. STREET ADDRESS (If IUIO), give location)	
00	Baltimor	e, Maryland 21223	2932 Edmondson Avenue	
- SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min.
Male	Colored	Married	Oct. 14. 1905 61  11. BIRTHPLACE (Stote or foreign country)	
	CUPATION (Give kind of world of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor			South Carolina	USA
3. FATHER'S NA			14. MOTHER'S MAIDEN NAME	USA
Toney I	Davis		Venus Sanders	
5. Was Deceose Yes, no or unknov	ed tver in U.S. Armed For wn)(If yes, give wor or dote	ces?	17. INFORMANT	ADDRESS
No		017-05-0538	Mary E. Davis 2932 Edmon	A A
18.	70. 7 I	CAUSE O	F DEATH	INTERVAL BETWEEN
7 3	ASE OF CONDITION DI	RECTLY Q' \ IN		ONSET AND DEATH
5.32.	LEADING TO DEATH	Con Con	many veclusion	acute
(This daes	nat meen the made of	dying, e.g.	7	
	e, aslhenia, elc. It means amplicatian which coused		2 22	7
,,	ANTECEDENT CAUSES	4 -19 (1)//	nary Mouth ciency	19900
DISEASES		Z J DUE TO	0 . // 8	
rise to	OR CONDITIONS, if the obave couse (A)	stoling the	ranclesous Consializ	of 2'year
UNDERLYIN	NG CONDITION lost.	2		
	11	<u>=</u>		
OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTINE STEEL TO THE		
OTHER SIG	DEATH BUT NOT RELA			
19A. DATE	OF OPERATION 198, CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERI	FINDINGS CONSIDERED
19A. DATE	WAS PER	POKMED	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRI	DENT WAS UNDERLYING DENTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID (If in Baltimo	re City, give exoct locotion)
0 21D. TIME	(Month) (Day) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY		While At Not While		
(APPROX.)		Work A1 Work		
		attended the deceoped from	NW, 10 1964 to	20pt 10 1966
that (I) (un	e) lost sow the decease	ed olive on Left 10	2 19 (CC and that in (my) tour Por	oinlon deoth occurred on the do
		ted obove. (I) (W <del>e) (Aid)</del> (did not) v	!	
23A. SIGNA		Total (i) (ideala) (did noi) (	Town the body offer deoffis	238. DATE SIGNED
V	111 16	M.D. And	ending Med. Stoll	11/71/166
1	year C.	Millian / Phy	s. Director Phys.	11/01/0
230 PHYSIC NAME		- 1	23D. ADDRESS	01
	GILDENT	E. KUDMIAN M.D.	1911 W. Ball	ST
AA. BURIAL CI	REMATION, 24B. DATE	24C. NAME OF CEMETERY OF CRI	EMATORY 24D. LOCATION	City, tawn, or county) (State)
REMOVAL				
Burial	11-21-	66 Mt. Auburn Cemet	Baltimore, M	aryland 2
ZOA. DATE REC	NOV 2.3 1966	DOB. NAME OF REGISTRAR		
	MAA TO 1900 F	LOCELL C. TURNEY	Arlington S. Phillips 1	727 N Monroe Stree

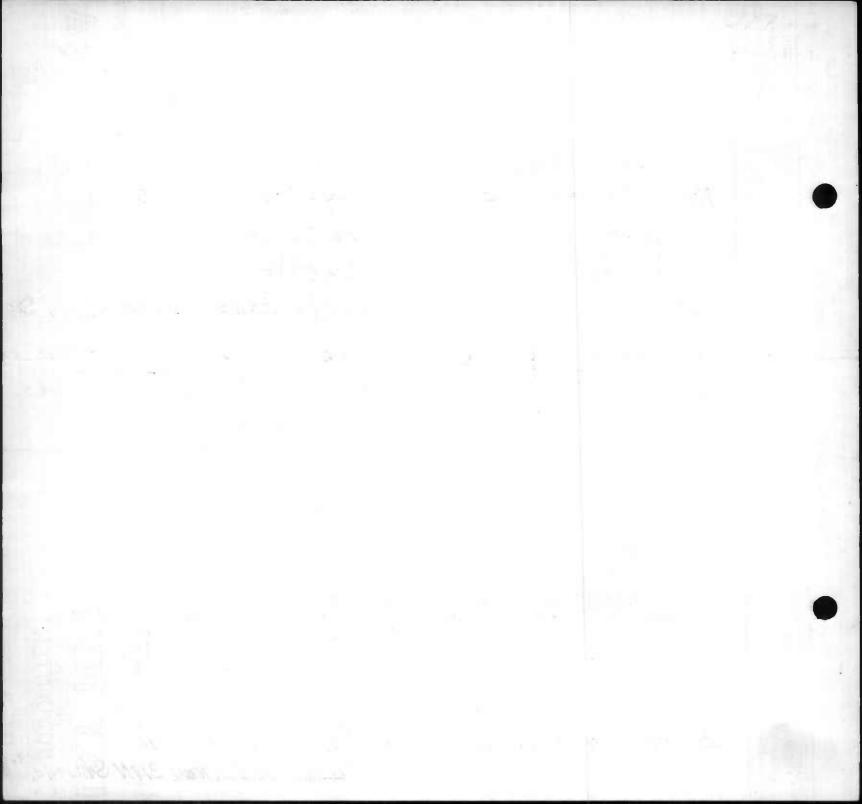
Arlington S. Phillips 1727 N. Monroe Street

VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

4	14-1188+11737	BALTIMORE CITY	HEALTH DEPARTMENT		00 11000
	BIRTH NO.	CERTIFICA	TE OF DEATH	egistered Na	55 11/3/
	M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HO	UR OF DEATH	n 54 u
	(Type or Print) MICHAEL ANTI	tony GAMO.	J 11-21-60		5:15 A.M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deco	Λ	
	FULL NAME OF (If not in hospital or institution) INSTITUTION	lion, give street	C. CITY OR TOWN (If outside c	15 AC	ond since township)
	77	<b>\</b>	D. STREET ADDRESS (Il rurol,	give location)	6-02
	3/ Mercy Hospita	15/	1041 SAR	AHAM St	· SARAH ANY
	More Coloned woo	OWED DIVORCED (specily)	Mary 29, 1966 lost bi	.5	Jnder 1 Yr. If Under 24 Hrs.  ths Doys Hours Min.
	TOA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign con		CITIZEN OF WHAT COUNTRY?
	NONE		Balto Ma		
	13. FATHERS NAME		14. MOTHER'S MAIDEN NAME		
	A Gamon		Lucille		
	15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	. /	ADDRESS
	No		Lucille Ham	ON 1041 5	Jaroch AUN ST.
	18.340.01	CAUSE C	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	443	MENINGITIS		16 days
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc				7.3
	injury or camplication which caused death.)	,036,	HEMOPHICUS IN	FLUENZA	
	ANTECEDENT CAUSES	(B) DUE TO	The County Prices	/ Cugoza	***************************************
	DISEASES OR CONDITIONS, if any, gi	iving The (C)	TITIS MEDIA		
	UNDERLYING CONDITION Iasi.	(6)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBET TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	UTING THE			
	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B.	. IF YES, WERE FINDI	NGS CONSIDERED
	WAS PERFORMED		YES	CERTIFYING CAUSES	OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	n or about 21C. WHERE DID	(II in Boltimore City,	, give exact location)
	O 21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY C	OCCUR?	172
	OF INJURY (APPROX.)	While At Not Whi Work At Work	le 🗀		
	22. I certify that HT(this haspital) attend		Jov. 6 196	C to 1000.	21 1960,
	that (1) (we) last saw the deceased alive	and the second second	1 6		
	and haur and from the causes stated above				•
1	23A. SIGNATURE			23 B.	DATE SIGNED
	William T. W	M.D. AH	ending Med. Stoff vs. Director Phys	X	11-21-66
1	23C. PHYSICIAM'S NAME (Type)		23 D. ADDRESS		
		ASON: M.D.	MERCY	HOSPIT	AC
	24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATI	ONY City to	wn, or county) (Stote)
	Burial 11/23/1966	MITACUMUM	Cem , Bar	la T/hd.	
	2SA, DATE REC'D BY HEALTH GET. 25B, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	11/2/ 2.	ADDRESS S,
	VS 150 BEV 1/1/45	KU C. Navburts	Williams Juner	al house 31	411.04/106/6/1
	VS 150-REV, 1/1/65		1 1 1)		



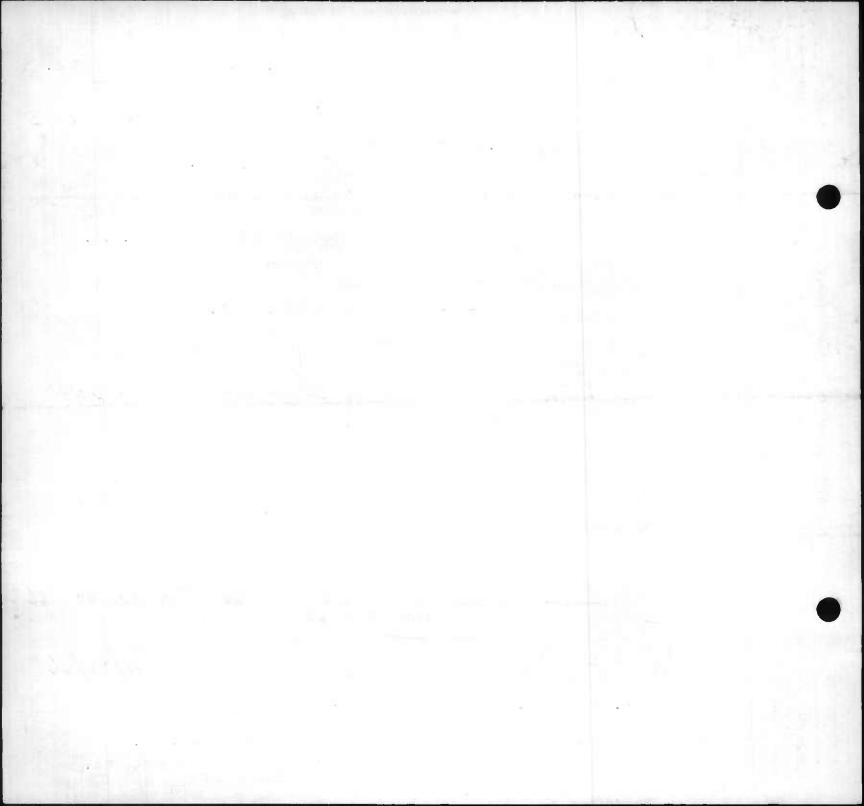
	BALTIMORE CITY HEAD		OF DEATH Registe	ered No.66 11738
M.E. CASE NO.				
1. NAME OF DECEASED		2. DA	TE AND HOUR PRONOUNC	ED DEAD
(Type or Print) ETTA	SPENCER	N	ovember 19, 196	66 2:31 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD		(Where deceased lived. If ins	titution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	UTION, GIVE STREET		f outside corporate limits, writ	RUKAL and give township)
CERTIFICATE AM	ENDED	Baltim D. STREET ADDRESS		1-01
Franklin Square Hospita	12-8-66		rth Gilmor Stre	et
	NEVER MARRIED DIVORCED (specify)	ALQ. 8, 19	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life over if retired)	F BUSINESS OR INDUSTR	Balto.	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dames Spence	Yo	ANNEZ HO	11500	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no on which own) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	MOZIN V	1248an 41	7 N. BilMores
18.	CAUSE	OF DEATH	STIN SOIV II	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		/	chest	ONSET AND DEATH
LEADING TO DEATH	(A) Multir	le Stab Woun	ds of Face and	Neck*
(This does not mean the mode of dying e.g., hear failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO			
ANTECENDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO			
Z Z	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 208, IF YES, WERE FI	
ZIA, EXTERNAL CAUSE WAS 218.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE	DID (If in Boltimore City, g	
O UNDERLYING SOR CONTRIB-	e, form, foctory, street, Home		rth Gilmor Stre	at
7	TIOME		ID INJURY OCCUR?	
OF INJURY			ed by assailant	
22. I certify that I held an Inquiry		CT1	an this basis, death in	my apinian
	Accident Suicid			
			AL EXAMINER	DATE SIGNED
SIGNATURE ( Carles )	Testin M.D.	ASSISTANT MEDIC	AL EXAMINER	
EXAMINER'S Charles S.		ASSOCIATE MEDIC		11/19/66
23A, BURIAL CREMATION, 23B, DATE	C. NAME OF CEMETERY	CREMATORY	23D. LOCATION (City	, town or sounty) (Stote)
Burial 1/22/1966	OF REGISTRAR	24C, FUNERAL DI	Calmente	ADDRESS /
NOW OR FORE	E. Falleyma	Milliam	1 Tuneral Hane	319 n Schooly &
VS 151-REV. 1/1/65 N 8 7 5 0 20	0 0 0 0		1	

12/8/66 - Letter from State of Maryland, Department of Post Mortem Examiners, 700 Fleet St. Charles S. Petty, M.D., Assistant Medical Examiner. Date of letter: 12/5/66

136

1 1	BAL BAL	TIMORE CITY HEALTH DEPARTMENT	66 11739
-695	BIRTH NO. 66 11739 CE	RTIFICATE OF DEATH Registered N	0
death death eased n the Such	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEA	TH
de de cea	(Type of Print) ANNIE PREISINGE	R Nov. 20, 1966	5 a. M.
pital of o Dec	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	f institution: residence before admission)
S)	FULL NAME OF (If not in hospital or institution, give street	Md. 21213	
a ho caus se; (3 anda to d	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, wr	ite RURAL grid give lownship)
	3310 Dudley Ave., 212	Baltimore  D. STREET ADDRESS (If rurol, give locotion)	000
D.E 0 0.E .	OO STO BUCKLEY AVE., BAS	3310 Dudley Ave.	
F 3 0 B B	5. SEX   6. RACE   7. MARRIED, NEVER MA	ARRIED B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Tries Been	female white widowed	9/29/83   lost birthdoy)   83	Months Doys Hours Min.
0 0 0 0 N	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS		12. CITIZEN OF WHAT COUNTRY?
ath in dec	done during most of working lite, even if retired)  Housewife at home	Czechoslovakia	No. 1
de Un as as	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S.A.
# 5 € 3 + 4 S P P P P P P P P P P P P P P P P P P	Janda	unknown	
di di di di	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIA		ADDRESS
ister he kin kin deed ce ce	(Yes, no or unknown) (If yes, give wor or dotes of service) SECUR 217-46-	IT NO.	hove
f t t	18.44 20 1	1214   Ida Henkel, dght., a	INTERVAL BETWEEN
his a lso, if of any unced tendo	DISEASE OR CONDITION DIRECTLY	at a man	ONSET AND DEATH
- v 0 5 + 0	LEADING TO DEATH	(A) Cicule Colonery Occursion	Nel
	(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUETO	
ine act pr ula mb	injury or complication which caused death.)	( Colorany Otherreclares is	10 years
A fr	ANTECEDENT CAUSES	DUE TO	
S) X	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the	(c)	(
ical isal is; (si cian as in	UNDERLYING CONDITION lost.		
medica edica burns; hysici n was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
med phy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
he dy	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP		RE FINDINGS CONSIDERED CAUSES OF DEATH?
chi Bo Bo th th re t	THE CONTRACTOR OF THE CONTRACT		
the (2) ere o phe efoi	OR CONTRIBUTING CAUSE OF home form to	INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltictory, street, office bldgs, INJURY OCCUR?	more City, give exact location)
No No	DEATH (notify medical examiner) etc.)		1 100
d k osp t (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY O	CCURRED 21F. HOW DID INJURY OCCUR?	
y ng y ng xcep nd (	(APPROX)	At Work	
	22. I certify that (I) (this haspital) attended the deceas		mario 20 19 66.
	that (1) (we), last sow the deceased alive an	mfec / 9 /19 66 and that in (my) (our)	opinion deoth occurred on the date
ust be a based to dent of ospital death) must be	and hour ond from the couses stated abave. (1) (We) (di	d) (did not) view the bady ofter deoth.	23 B. DATE SIGNED
SU OCO	1 Land of Pola	M.D. Attending Med. Stoff	11/55///
	23C. PHYSICIAN'S	Phys. Director Phys. 23D. ADDRESS	11/22/64
was was A. at prior	NAME (Type) Dr. Melvin F. Polek	M.D. 3603 Belair Road	
A. A. Ipp		METERY OF CREMATORY 24D. LOCATION	(City, town, or county) (State)
body was was (1) An a b.O.A. at eased prior	REMOVAL (Specify) Burial 11/25/66 Holy Re		
- S O +-	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTA		
This the show was decement	NOV 23 1966 Rolub E. 3	Schimunek Funeral 3331 Brehms Lane	Home, Inc.

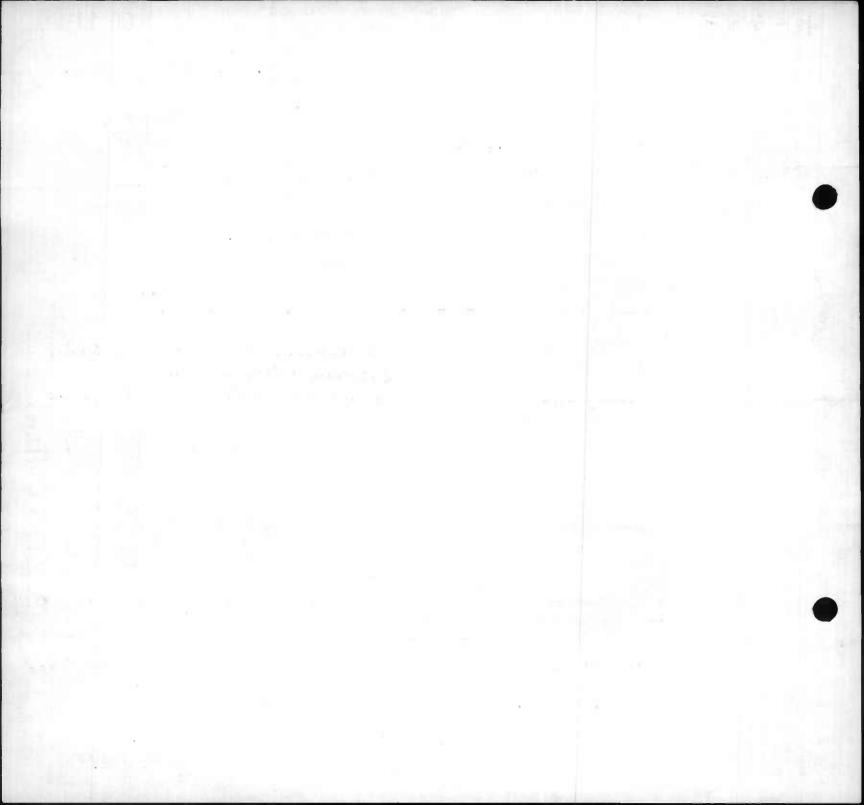
Brehms Lane VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

prior to death.

3 66 11740	BALTIMORE CITY	HEALTH DEPARTMENT	241111	66 11740
IBH NO.	CERTIFICA	TE OF DEATH	Registered No	00 11/40
A.E. CASE NO.	LLA FRANTZ	2. DATE AN	D HOUR OF DEATH	
Type or Print) HELEN E	LLA FRANIZ	Nov.	21, 1966	2 a.
PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where	e deceased lived, If insti	itution: residence before admissio
FULL NAME OF (If not in hospital or insti	tution, give street	Md.		
HOSPITAL OR oddress or location) INSTITUTION				NAL and give township)
3531 Elmora Av	27912	Baltimo		1005
O O SSSI EIMOIA AV	e., 24415	1 5	ural, give location)	
		+	mora Avenu	
female white	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) Widowed	3/21/1888	78	II Under 1 Yr. If Under 24 H Months Days Hours Min.
A. USUAL OCCUPATION (Give kind of work 10B, K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lorein	gn country)	12. CITIZEN OF
Thoracoveri fo	at home	- Paltimore	Ma	WHAT COUNTRY?
Housewife	at nome	Baltimore, 1		
Peter Schultz		Mary Kurek		
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL			ADDRESS
es,no ar unknown) (II yes, give war ar dates al se	SECURITY NO.	17. INFORMANT 6013	Carter Ave	• ,21214
	214-30-7061	Robert F. Fr.	antz, son,	
1B.	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		H 14 44	2.1	
LEADING TO DEATH (This does not mean the made of dying	(A) A EL	te Myocardial ozovany Arter frterioseluo	Infaction	2 hours
rise la lhe abave cause (A) slatin UNDERLYING CONDITION last.	g lhe (C)		######################################	
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING TO THE			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21 B. PLACE OF INJURY (e.g., i home, lorm, factory, street, o etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(II in Boltimore (	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.)	1) 21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Work At Work			
22 1			055	10/56 20 20 10 60
22. I certify that (1) (this hospital) attention (1) (we) lost sow the deceased alive		5-1066	7 - 10	ctable 25, 19 66
			ot in(my) ( <del>out)</del> opini	an death accurred on the d
ond hour and from the couses stoted ab	ove. (1) ( <del>We</del> ) (did) ( <del>did not</del> )	view the body ofter deoth.		
Paul H. Su	M.D. Att.	ending Med.	Stoff Phys.	11/22/1966
23 C. PHYSICIAN'S		23D. ADDRESS	rnys.	
Dr. Paul H.	Anniko M.D.	3800 Erdman	Avenue	
A. BURIAL CREMATION, 24B, DATE	24C. NAME of CEMETERY or CR			, town, or county) (State)
REMOVAL (Specily) Burial 11/25/66	Holy R deemer		altimore,	
SA. DATE REC'D BY HEALTH DEPT. 258. N	IAME OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
NOV 23 1966 (R	Donto E. Farber, M.	Schimunek F	uneral Hom	e, Inc.
MILA S 9 1200 AF	YUNY -	. 3331 Bre	nms Lane	

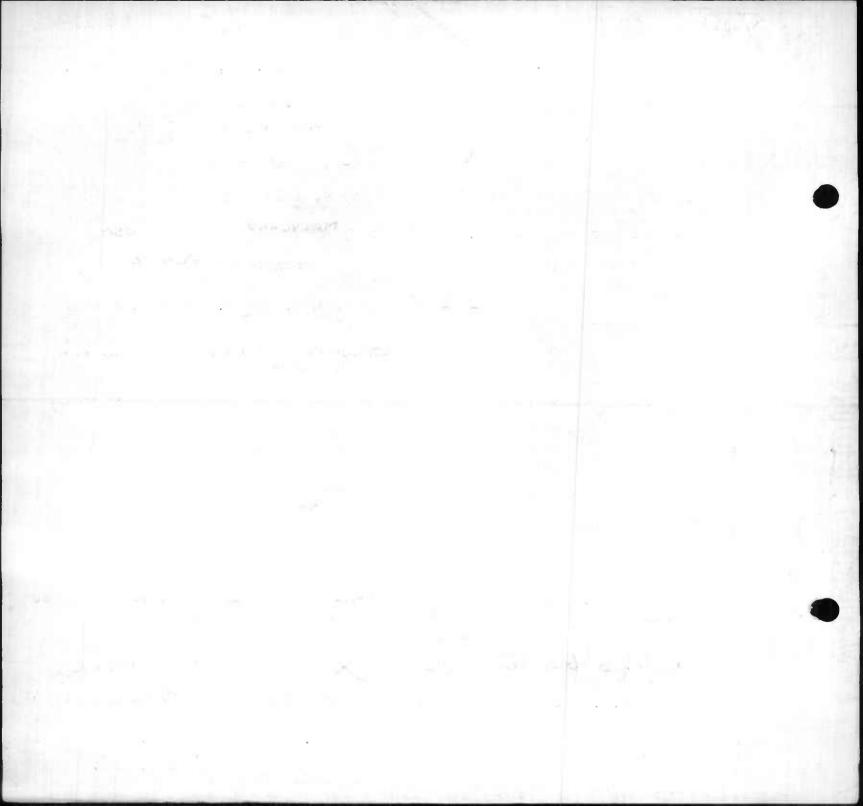


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
FUNERAL DIRECTOR: IMPORTANT lis certificate must be approved by the chief medical examiner or his assistant if death occurred in body was released to the hospital by a medical examiner. Also, if the direct or contributing lows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined ca as D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior of any included by the property of the physician was in regular attendance on the deceased prior of the physician was in regular attendance on the deceased prior of the physician was in regular attendance on the deceased prior of the physician was in regular attendance on the deceased prior of the physician was in regular attendance on the deceased prior of the physician was in regular attendance on the deceased prior of the physician was in regular attendance on the deceased prior of the physician was in regular attendance on the deceased prior of the physician was in regular attendance on the deceased prior of the physician was in regular attendance on the deceased prior of the physician was in regular attendance.
FUNERAL DIRECTOR: IMPORTANT is certificate must be approved by the chief medical examiner or his assistant if death or lows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeternas D.O.A. at a hospital (except where the physician who pronounced death was in respect to the death); and (6) No physician was in regular attendance on the decease
FUNERAL DIRECTOR: IMPORTANT is certificate must be approved by the chief medical examiner or his assistant if body was released to the hospital by a medical examiner. Also, if the directions: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) as D.O.A. at a hospital (except where the physician who pronounced death we assist the proposed of the proposed
FUNERAL DIRECTOR: IMPOR is certificate must be approved by the chief medical examiner or his assumed by an edical examiner. Also, if nows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any as D.O.A. at a hospital (except where the physician who pronounced prior to death); and (6) No physician was in regular attendants.
FUNERAL DIRECTOR: is certificate must be approved by the chief medical examiner. lows: (1) An accident of any nature; (2) Body burns; (3) A fractul as D.O.A. at a hospital (except where the physician who propressed prior to death); and (6) No physician was in regular integral.
FUNERAL DIRI is certificate must be approved by the chief medical e body was released to the hospital by a medical e lows: (1) An accident of any nature; (2) Body burns; (3) as D.O.A. at a hospital (except where the physician pressed print to death); and (6) No physician was in
FUNER is certificate must be approved by the chief is body was released to the hospital by a moows: (1) An accident of any nature; (2) Body as D.O.A. at a hospital (except where the processed prior to death); and (6) No physicial descent by the prior to death);
is certificate must be approved by the body was released to the hospital lows: (1) An accident of any nature; as D.O.A. at a hospital (except whe preased prior to death); and (6) No hospital lower and
is certificate must be appropried body was released to the lows: (1) An accident of any as D.O.A. at a hospital (expressed prior to death); are
is certificate must be body was releas lows: (1) An accide as D.O.A. at a hos preased prior to di
is certificate body works: (1) As D.O.A.

Oth No. 66 117	1 4	TITY HEALTH DEPARTMENT	66 11741
M.E. CASE NO.	CERTIFIC	CATE OF DEATH Registered	
1. NAME OF DECEASED (Type or Print) MARY	D. HENRY	2. DATE AND HOUR OF DEA NOV. 19, 196	
3. PLACE OF DEATH IN BALTIMORI		4. USUAL RESIDENCE (Where deceosed lived. A. STATE B. COUNTY	
FULL NAME OF (If not in ho HOSPITAL OR oddress or I	spital or institution, give street accition)	Md. 21220	ofte RURAL and give township) Wley's Quarters
Johns Hopkins	Hospital	D. STREET ADDRESS (If rurol, give locotron)	
33	_ A	C-6, Beech Drive	
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Months: Doys Hours Min.
female white	widowed, Divorced (specify) married	May 4, 1914   ost birthdoy) 52	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind one during most of working lite, even if re		TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerical Work	Glen L. Martin	Co Queen Anne	U.S.A.
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
Alfred Yo	oung	contonoun Anna Pe	NTZ
5. Was Deceased Ever in U. S. Arm (es, no or unknown) (If yes, give wor	ed Forces? or dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
, os, give not	216-18-3030	Joseph W. Henry, hus	sband, above
1B. 11.20	CAUSE	E OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITIO	N DIRECTLY		ONSET AND DEATH
LEADING TO DE	ATH (A)	COROHARY ARTERY	10 MIM.
(This does not mean the mode heart failure, asthenia, etc. It r	neans the disease,	DIBEASE	
injury or complication which c			
ANTECEDENT CA			
DISEASES OR CONDITIONS,			
UNDERLYING CONDITION In		•	, y z
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE	RELATED TO THE		
U 19A, DATE OF OPERATION 19B	CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
WA	INC.		imore City, give exact location)
21 A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O DEATH (notify medical examiner)	F home, form, foctory, street	g., in or obout 21 C. WHERE DID (If in Boli t, office bldg., INJURY OCCUR?	more Crty, give exact locohoni
21 D. TIME (Month) (Doy)		21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not V	While Ork	
22. I certify that (1) (this he	<del>pita</del> l) ottended the deceased from	12/14 19 65 10	11/19 1966
that (1) (we) lost sow the de	1060	19 66 ond that in(my) (our)	opinion death occurred on the de
ond hour and from the cause	s stoted above. (I) (We) (did) (did no		
23A. SIGNATURE	0 0 =		23B. DATE SIGNED
W. Wellia 4	electernes, 91h.o.	Attending Med. Stoff Phys.	11/22/66
23C. PHYSICIAN'S NAME (Type) Dr. W. All	fred Gakenheimer M	23D. ADDRESS a.b. 3805 Belair Road	Balking 13 Med
24A. BURIAL CREMATION, 24B. DA			(City, town, or county) (Stote)
REMOVAL (Specify)			
Burial  11/2	23/66   Gardens of F	Faith Cem.   Baltimore,	, PIC.

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR NOV 23 0 148 Fa 1966

Schimunek Funeral Home, Inc. 3331, Brehms Lane

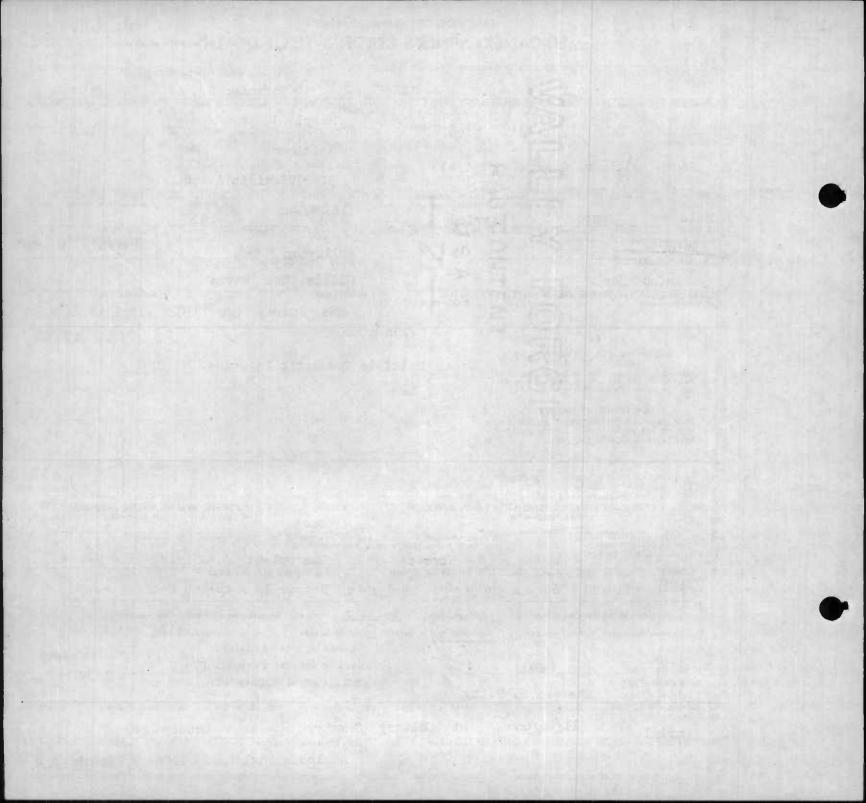


BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No...

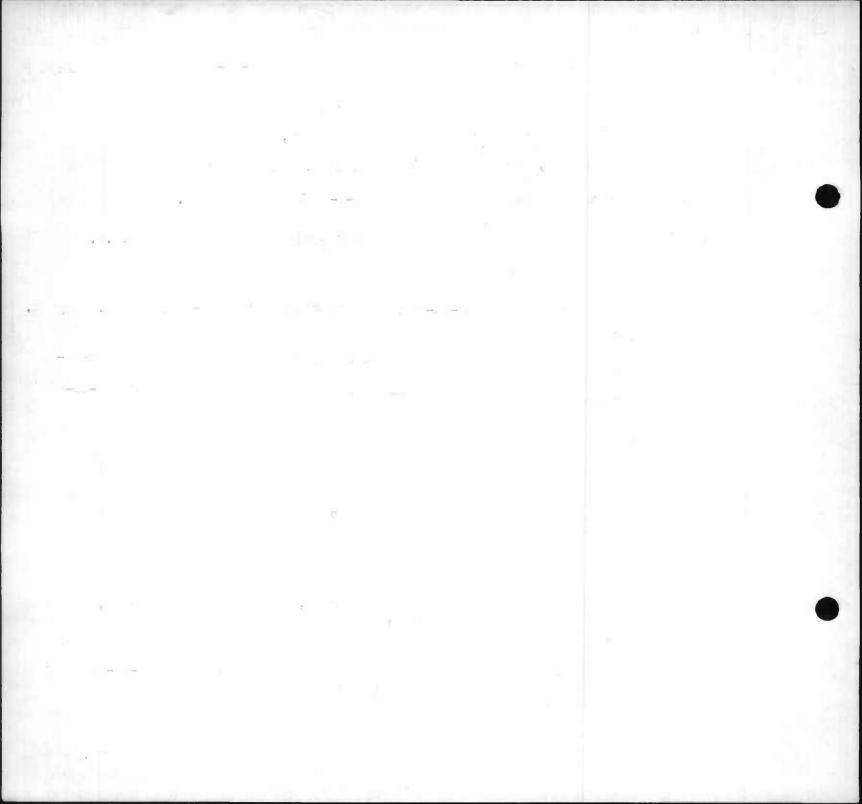
M.E. CASE NO.

-	CASE NO.								
1. N (Typi	AME OF DE	CEASED					2. DATE AND	HOUR PRONOUNCE	D DEAD
			ARLES	E			Nover	mber 20, 196	7:00 A M.
3. PL	ACE IN BALT	TIMORE, MARY	LAND, W	HERE PRONOL	INCED DEAD	4. USUAL F	ESIDENCE (Where	deceased lived. If insti	tution: residence before admission)
FILL	NAME OF	(IE NOT 1	N HOSPITA	AL OR INSTITU	JTION, GIVE STREET	M	aryland		
HOS	PITAL OR	ADDRESS	OR LOCA	TION)	THOR, GIVE STREET	C. CITY OR	TOWN (If outside	corporote limits, write	RURAL and give township)
114.21	11011011					B	altimore	21	7-11
1	South :	Baltimor	e Gen	eral Ho	spital	D. STREET	ADDRESS (If rurol,	give location)	
3						3	102 Virgin	nia Avenue	
5. SE	X	6. RACE		7. MARRIED.	NEVER MARRIED	8. DATE OF		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
					DIVORCED (specify)	111,	129/24	lost birthdoy	Months Doys Hours Min.
-	ale	Negr			rried	17.7	301	42	
		Working life, ever		IOR KIND OF	BUSINESS OR INDUSTR	Y II. BIRTHPLA	CE (Stote or foreign	n country)	12. CITIZEN OF WHAT EQUNTRY?
	Laborer	r				Arl	ington V	a	Uff fiktsir 0
13. F	ATHER STANA	grer				14. MOTHER	S MAIDEN NAME		
	Rufus	s Lee				Wil	lie Mae	Davis	
		D EVER IN U.			16. SOCIAL	17. INFORMA	NT		ADDRESS
(Yes,	no or unknown	(If yes, give	wor or dote	s of service)	SECURITY NO.	MR	s Audrey	Lee 3102	Virginia A'e
				22 20				200 )200	
1	В.	11/21/1			CAUSI	OF DEATH			ONSET AND DEATH
	DISEA	SE OR CONE	OITION DI	RECTLY					
		LEADING T			(A) Multi	ple Tra	umatic In	juries.	
	heort foilure	not mean the	mode of	the discose.	DUE TO				
	injury or co	mplication which	ch coused	deoth.)					
	-	ANTECENDEN	T CAUSE	S					
	DISEASES	OR CONDITI	ONS, IF A	NY, GIVING	(B)		••••••		
		NG CONDITION		TATING THE					
Z	ONDENET		on LASI.		(C)			******	***************************************
은		li							
3		NIFICANT CO							
三		DEATH BUT			HE			***************************************	
CERTIFICATION	9A. DATE OF	POPERATION			WHICH OPERATION	20A. AUT		20 B. IF YES, WERE FIN	
ū	W.		WAS PER	FORMED			Yes	IN CERTIFYING CAUS	ES OF DEATH? Yes
7		L CAUSE WA		21 B.	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21	C. WHERE DID	If in Boltimore City, giv	ve exoct location)
		SOR CONTRIB		home etc.)	, form, foctory, street,	office bldg., IN			
7					Street			d Rd. & Brid	lgeview Rd.
1 4	OF INJURY	(Month) (D	oy) (Yeor	) (Hour) 2	1E. INJURY OCCURRED		F. HOW DID INJU		
	(APPROX.)	11 20	66'	A N	VHILE AT NOT	WHILE X	Driver in	auto-bus co	ollision.
	22.						E		
	1 cer	tify that I he	ild on li	nquiry	Inspection Au	topsy X	and that on thi	s basis, death in m	y opinian
	resu	Ited from: N	oturol co	uses A	suicident X Suicid	le Ho	micide U	Indetermined manne	or 🔲
			17/			CHIE	F MEDICAL EX	AMINER	
	ACTUA		( ) L	niles S	(uly 40	ASSISTAN	T MEDICAL EX	AMINER X	DATE SIGNED
	SIGNAT		-	حررد.	M. D		E MEDICAL EX		11/20/66
	NAME (	Type) (	Charle	s S. Pe	ttv	ASSUCIAI	E MEDICAL EX	AMINER	
23A.	BURIAL CRE		B. DATE		C. NAME OF CEMETERY	or CREMATOR	Y 23D. LC	OCATION (City,	town, or county) (State)
	OVAL (Specif							Α -	
	Buria	1	11/2		Mt Calvar			A County	
24A.		BY HEALTH	DEPT.	24B, NAME	OF REGISTRAR	24C. FL	NERAL DIRECTOR		ADDRESS
		NOV 23	1966	P.C.	E. Fally MA	Ad	olphus Ha	lstead 120	6 W North A _v e
VS	151-REV. 1/1/	165 N B	69	1029					



VS 150-REV. 1/1/65

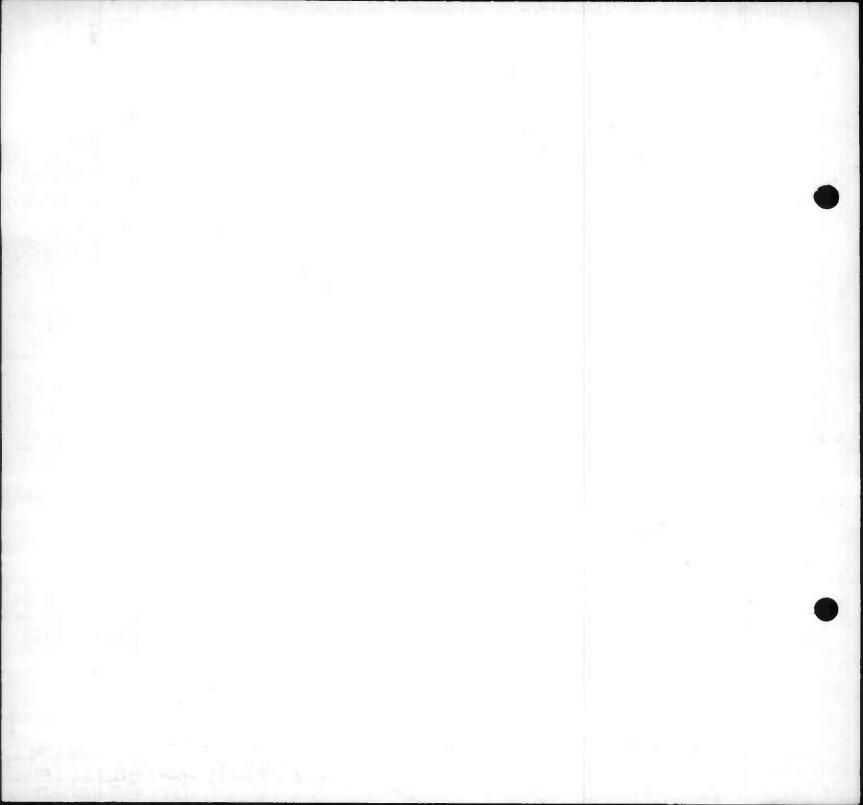
M.E. CASE NO.	66 11743	CERTIFIE	TE OF DEATH	AND HOUR OF DEAT	111
(Type or Print)		on Jones		11-21-66	
3. PLACE OF DEA	TH IN BALTIMORE, MA		4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before od
FILL NAME OF	e we also to be acted		A. STATE 8. COL	INTY	
HOSPITAL OR	oddress or location	or institution, give street	Maryland c. city or town (If	outside city limits, writ	e RURAL and give township)
INSTITUTION	Provident	Hospital	Baltimore.	11	4-0-2-
39		sion Street	D. STREET ADDRESS	If rural, give location)	
0		Maryland 21217	1014 N. Calh		
Male	6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Separated	2-7-1897	9, AGE (In years lost birthdoy) 69 yrs.	If Under 1 Yr. If Under Months Doys Hours
	PATION (Give kind of work vorking life, even if retired)	108 KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemploy			Maryland		U.S.A.
13. FATHER'S NAM	NE .		14. MOTHER'S MAIDEN N	AME	UaUaka
		?		?	
15. Wos Deceosed	Ever in U. S. Armed For		17. INFORMANT	•	ADDRESS
yes	(If yes, give wor or dote	s of service) SECURITY NO. 217-01-9083	Bernard Coon	er (Sten_so	n) 546 St. Mary
18. /	2 V		OF DEATH	or (000h-90)	INTERVAL BETWE
	E OR CONDITION DIR				ONSET AND DEA
	LEADING TO DEATH		tritis Acute		From 11-15-6
	ol meon the mode of asthenia, etc. 11 means		)		
injury or com	plicotion which coused		Ca of prostate		To 11-21-66
			Ca of prostate		To 11-21-66
DISEASES O	plicotion which coused INTECEDENT CAUSES R CONDITIONS, if	(8) DUE TO		······································	To 11-21-66
DISEASES O	plication which coused	(8) DUE TO	Ca of prostate	<i>)</i>	To 11-21-66
DISEASES O	plicotion which coused INTECEDENT CAUSES  R CONDITIONS, if obave couse (A) is CONDITION lost.	ony, giving sloling the (C)		/	To 11-21-66
DISEASES O	plicotion which coused ANTECEDENT CAUSES  R CONDITIONS, if obave couse (A) CONDITION lost.  FIGANT CONDITIONS CEATH BUT NOT RELA	ony, giving sloling lhe (C)  ONTRIBUTING			To 11-21-66
DISEASES OF THE PROPERTY OF THE DISEASE OR THE DISE	plicotion which coused INTECEDENT CAUSES  R CONDITIONS, if obave couse (A) CONDITION lost.  II FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I	ONTRIBUTING TO THE	Lenatura		
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DISEASES OF THE WINDERLYING OTHER SIGNIFUL DISEASE OR D	Plicotion which coused INTECEDENT CAUSES  R CONDITIONS, if obave couse (A) CONDITION lost.  II FICANT CONDITIONS CONDITIONS CONDITION CAUSING IOPERATION 198. CON WAS PERI	ONTRIBUTING LITED TO THE T.  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID	No) 20B. IF YES, WER	RE FINDINGS CONSIDERED
DISEASES OF THE DISEASE OF THE DISEA	Plicotion which coused ANTECEDENT CAUSES  R CONDITIONS, if obave couse (A) CONDITION lost.  FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING IOPERATION 19B. CONWAS PERI	ONTRIBUTING LITED TO THE T.  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g.,	Leanationa  20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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DISEASES OF THE DISEASE OR TO THE DISEASE OR THE DISEASE	Plicotion which coused INTECEDENT CAUSES  R CONDITIONS, if obave couse (A) is CONDITION lost.  PICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING IOPERATION 19B. CON WAS PERION CAUSING IOPERATION CAUSE OF medicol exominer)	ONTRIBUTING LIED TO THE T. DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., bome, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Wh	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 20B, IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OR UN DERLYING  OTHER SIGNII TO THE DIDISEASE OR OR CONTRIBUT  OF INJURY (APPROX.)	Plicotion which coused INTECEDENT CAUSES  R CONDITIONS, if obave couse (A) CONDITION lost.  II FICANT CONDITIONS CAUTH BUT NOT RELACONDITION CAUSING I OPERATION 19B. CON WAS PERIOR COURT OF CAUSING I CONDITIONS CAUSING I OPERATION 19B. CON WAS PERIOR CAUSE OF medicol exominer)	ONTRIBUTING LIED TO THE T.  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.,)  (Hour) 21E. INJURY OCCURED While At Not Wh	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No. 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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DISEASES OF THE DISEASE OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that (I) (we)	Plicotion which coused INTECEDENT CAUSES  R CONDITIONS, if obave couse (A) CONDITION lost.  PLATE BUT NOT RELATED OPERATION 198. CON WAS PERION 198. CON WAS PERION (Month) (Doy) (Yeol)  That (1) (this hospital last saw the decease	ONTRIBUTING LIED TO THE T.  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E, INJURY OCCURRED While Al Not Wh Work ) attended the deceased fram Nated alive an November 21,	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID I	Not 208. IF YES, WER IN CERTIFYING COMMENTAL CONTROL OF THE COMMENT OF THE COMMEN	RE FINDINGS CONSIDERED CAUSES OF DEATH?  HOLE City, give exact locofion)
DISEASES OF UN DERLYING  OTHER SIGNII TO THE DIDISEASE OR 19A. DATE OF OR CONTRIBU DEATH (notify)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and	Plicolian which coused INTECEDENT CAUSES  R CONDITIONS, if obave couse (A) CONDITION lost.  II FICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CONWAS PERITING CAUSE OF medicol exominer)  (Month) (Doy) (Yeol)  that (1) (this hospital last saw the decease from the causes state.	ONTRIBUTING LIED TO THE T.  DITION FOR WHICH OPERATION  ONTRIBUTING LIED TO THE T.  LIED TO TH	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID I	Not 208. IF YES, WER IN CERTIFYING COMMENTAL CONTROL OF THE COMMENT OF THE COMMEN	REFINDINGS CONSIDERED CAUSES OF DEATH?  THOSE City, give exact location)  The consideration of the consideration o
DISEASES OF THE DISEASE OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that (I) (we)	Plicolian which coused INTECEDENT CAUSES  R CONDITIONS, if obave couse (A) CONDITION lost.  II FICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CONWAS PERITING CAUSE OF medicol exominer)  (Month) (Doy) (Yeol)  that (1) (this hospital last saw the decease from the causes state.	ONTRIBUTING STED TO THE T.  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E, INJURY OCCURRED While A1 Not Wh Work Not What Not Wh	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID I ile	Not 208, IF YES, WER IN CERTIFYING COUR?  IN COUR?  If in Soltime to the country occurs of the country occurs occurs on the country occurs of the country occurs occurs on the country occurs occurs occurs on the country occurs occurs on the country occurs occurs occurs on the country occurs occurs on the country occurs occurs occurs on the country occurs occurs occurs occurs on the country occurs	the FINDINGS CONSIDERED CAUSES OF DEATH?  Those City, give exact location)  Vember 21, 19  upinion death accurred an the control of the contr
DISEASES OF CONTRIBUTION OF INJURY (APPROX.)  23A. SIGNATU	Plicotion which coused INTECEDENT CAUSES  R CONDITIONS, if obave couse (A) is CONDITION lost.  PICANT CONDITIONS CONDITIONS CONDITION CAUSING I OPERATION 19B. CON WAS PERI TI WAS UNDERLYING CAUSE OF medicol exominer)  (Month) (Doy) (Yeot)  that (1) (this hospital last saw the decease from the causes state of the couses state of the couse of the c	ONTRIBUTING STED TO THE T.  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Whome While At Not Whole Of allve an November 21, and allve and allve an November 21, and allve and allve and allve an November 21, and all all all all all all all all all al	20A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID I ile Dvember 15, 1966 and view the bady after deat	Not 208. IF YES, WER IN CERTIFYING COMMENTAL CONTROL OF THE COMMENT OF THE COMMEN	REFINDINGS CONSIDERED CAUSES OF DEATH?  THOSE City, give exact location)  The consideration of the consideration o
DISEASES OF UN DERLYING  OTHER SIGNII TO THE DISEASE OR 19A. DATE OF OR CONTRIBU  DEATH (notify)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and	Plicotion which coused INTECEDENT CAUSES  R CONDITIONS, if obave couse (A) CONDITION lost.  PLATE BUT NOT RELACONDITION CAUSING I OPERATION 198. CON WAS PERI TING CAUSE OF medicol exominer)  (Month) (Doy) (Yeot)  that (1) (this hospital last saw the decease from the causes state of the couses state of the couses state of the couses state of the causes state of the cause of the causes state of the causes of the cause of the ca	ONTRIBUTING STED TO THE T.  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Wh Work Not Work  ) attended the deceased fram Not whole at November 21, etc. at the deceased fram Not whole at November 21, etc. at the deceased fram November 21, etc. at the deceased fram November 21, at the dec	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID I ile Dember 15, 1966 and view the bady after deat	Not 208, IF YES, WER IN CERTIFYING COUR?  IN COUR?  If in Soltime to the country occurs of the country occurs occurs on the country occurs of the country occurs occurs on the country occurs occurs occurs on the country occurs occurs on the country occurs occurs occurs on the country occurs occurs on the country occurs occurs occurs on the country occurs occurs occurs occurs on the country occurs	the FINDINGS CONSIDERED CAUSES OF DEATH?  Those City, give exact location)  Vember 21, 19  upinion death accurred an the control of the contr
DISEASES OF THE DISEASE OR OTHER SIGNII TO THE DISEASE OR OTHER SIGNII TO THE DISEASE OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATU	Plicotion which coused INTECEDENT CAUSES  R CONDITIONS, if obave couse (A) CONDITION lost.  PLATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CON WAS PERIOD (Month) (Doy) (Yeol)  That (1) (this hospital last saw the decease from the causes state of the couses state of the couses of the couses state of the couses state of the causes state of the couses state of the couse of the	ONTRIBUTING ITED TO THE T.  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While Al Not Who White Al Work  ) attended the deceased fram Not who and alive an November 21, etc. and alive an November 21, M.D. Al Ph	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID I 1966 and view the bady after death tending Med. Director 123D. ADDRESS	Not 208, IF YES, WER IN CERTIFYING COUR?  IN CERTIFYING COUR?  If in Boltim  NJURY OCCUR?  1966. toNo. that in (my) (aur) and the course of the cour	NE FINDINGS CONSIDERED CAUSES OF DEATH?  Note City, give exact location)  Vember 21, 19  upinion death accurred an to 1238. DATE SIGNED 11-22-66
DISEASES OF THE SIGNITO THE DISEASE OR DISEASE OR DISEASE OR DISEASE OR OR CONTRIBUTED OR CONTRI	Plicolian which coused INTECEDENT CAUSES  R CONDITIONS, if obave couse (A) CONDITION lost.  II FICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING I OPERATION 19B. CON WAS PERI TING CAUSE OF medicol exominer)  (Month) (Doy) (Yeol)  that (1) (this hospital last saw the decease from the causes state of the couses state of the couse state of the couses state of the couse of the cous	ONTRIBUTING STATE TO THE T.  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Who At Work  at alive an November 21, etc. of the delive an November 21, while At M.D. At Ph	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID I 1966 and view the bady after death tending Med. Director 123D. ADDRESS	Not 208, IF YES, WER IN CERTIFYING COUR?  NJURY OCCUR?  19	the FINDINGS CONSIDERED CAUSES OF DEATH?  Those City, give exact location)  Vember 21, 19  upinion death accurred an the control of the contr



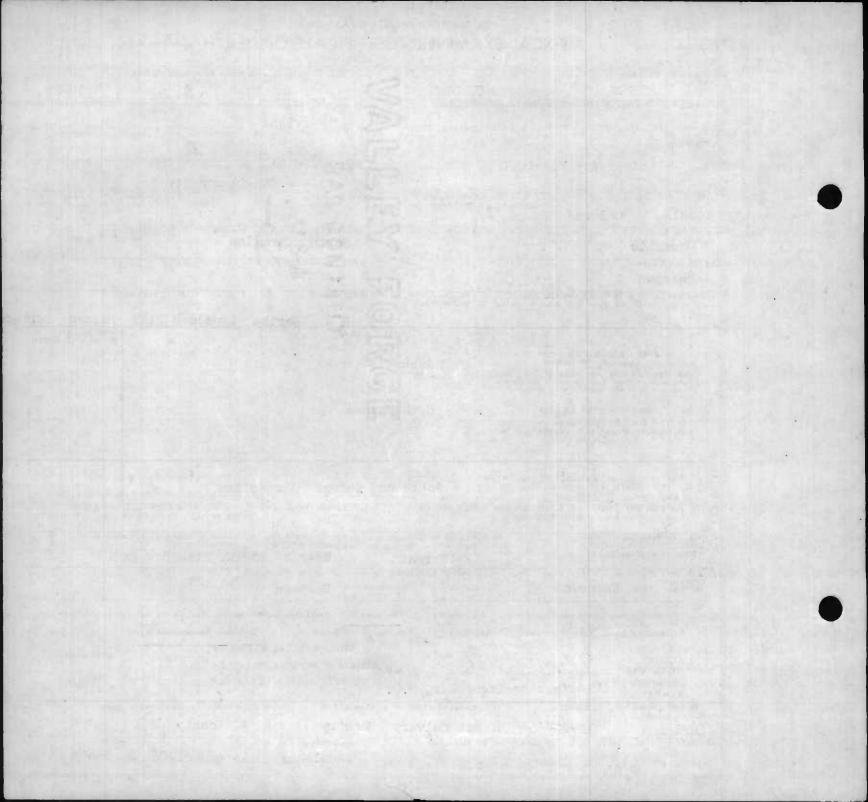
BALTIMORE CITY	HEALTH	DEPARTMENT
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		66	11	7	á	d	
Registered N	a	00	ndia ndia		-8.	- 2.	

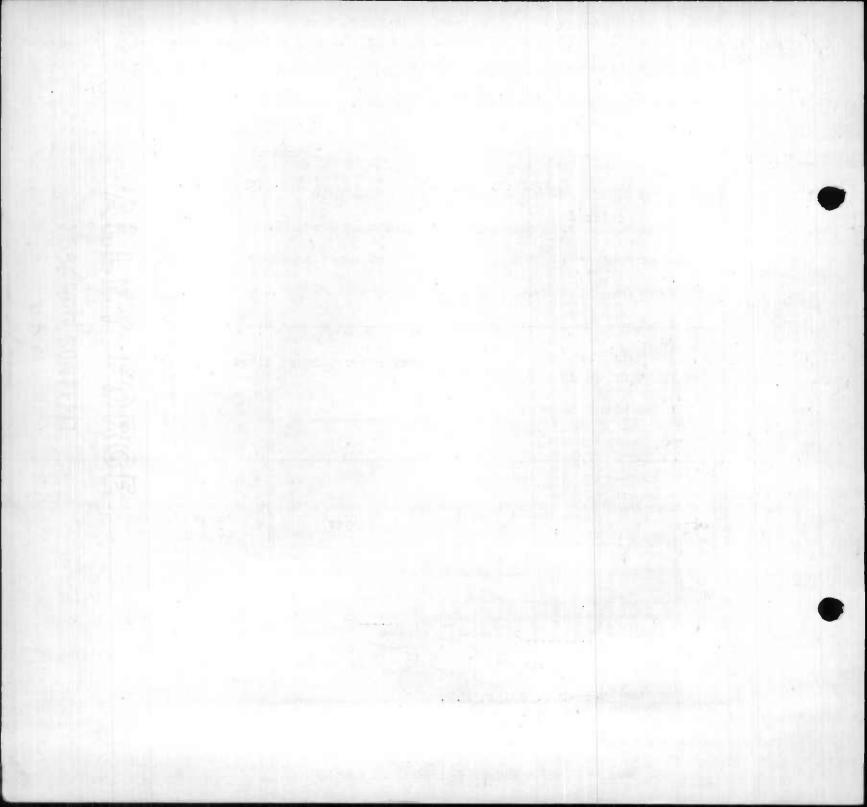
BIR	PH NO. 66 11/44 CERTIFICA	TE OF DEATH Registered N	0. 00 11/44
	CASE NO.	2. DATE AND HOUR OF DEA	TH
	pe or Printl D	Nov. 21 19	
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased/lived, I	If institution; residence before odmission)
		A. STATE B. COUNTY	
	FULL NAME OF (If not in hospital or institution, give street oddress or location)	MarylAND	
	NSTITUTION LITTLE SISTERS OF THE POOR	C. CITY OR TOWN (If outside city limits, wri	
1	1) 1200 VALLEY STREET		10
		1 1	
	BALTIMORE, MARYLAND 21202		
5.	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  11. 3 - 1870  9. ÄGE (In yeors last birthday) 96	Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
dor	e during most of working lite, even if retired)	TIBI 11	USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Pata 1 a 10 11.	11: 0 dl 11	(21200
	MERLA BOLLA	UIRGINIA LABOLLE	a (2/2)
15. (Ye	Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS 1200
		Little Iro of the	Jake Wollen st
_	18. 41 P) O 1 1 CAUSE C	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	P 1	ONSET AND DEATH
	LEADING TO DEATH	eronory oceles	101
	(This does not mean the mode of dying, e.g., DUE TO		
	heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	95011.00	
	ANTECEDENT CAUSES (B)	1, 5, 6, 6, 6	
	DISEASES OR CONDITIONS, if any, giving	P = 0 2	
	rise to the obove cause (A) stoting the (C)	angma	
	UNDERLYING CONDITION last.	0	
_	- II		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING IT.		
ERTIFIC	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ERT	O		
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, farm, factory, street, cetc.)	in or about 21 C. WHERE DID (If in Baltin ffice bldg., INJURY OCCUR?	more City, give exact location)
10	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	OF INJURY (APPROX.) While At Not Whi		
	WORK AT WORK		1000 11
	22. I certify that (1) (this hospital) attended the deceased from	1969 ta	NOU. 21 1966.
	that (1) (we) lost saw the deceased alive on NOV, 21	1966 ond that in(my) (our)	opinion death accurred an the date
	and haur and from the causes stated above. (1) (We) (did) (did nat)	view the body after death.	
	23A. SIGNATURE		23 B. DATE SIGNED
	Joonley on seed of M.D. At	ending Med. Staff As. Director Phys.	11,21.66.
	23C. PHYSICIAN'S NAME (Type) STANGEY ANKLOSO.	1101 Daiden Cho	Leo La Bont Tiso
24	A. BURIAL CREMATION, 248. DATE / 24C. NAME of CEMETERY OF CR	EMATORY 24D, LOCATION	(City, town, or county) (State)
	TRAAOVAL (Specify)	a at	5
1	Burial 11/23/66 Holy Redel	mer call	nore
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250- TUNERAL DIRECTOR	ADDRESS 2024
	and a good of a good to Bound	Mulip Herurgs	no Valgamo et
VS	150-REV. 1/1911 2 3 300 ( September 2)	3 1100	



-	CASE NO.									
(Ťy	oe or Print)	NNIE	T.7	ILLIAMS			hour pronounce			. 0 . 4
3. P		MORE MARYLAND, W			4. USUAL RESID		ber 13, 196	titution: res		40 A M.
					A. STATE	ryland	B. COI	YTY		
FUL HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOC	AL OR INSTITU ATION)	THON, GIVE STREET	C. CITY OR TO	WN (If outside	e corparate limits, writ	RURAL	and give to	wnship)
INS	TITUTION				Ra	ltimore	4	han	0.	Constant of the second
3	Un	iversity Ho:	spital		D. STREET ADD					
-	20				52	1 W. Le	xington Str	eet		
5. S	EX	RACE	7. MARRIED,	NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRT	Н	9. AGE (In years lost birthdoy)			Under 24 Hrs.
	'emale	Colored	<i>\$</i> .				59			
10A	USUAL OCCU	PATION (Give kind of wor	k TOB. KIND OF	BUSINESS OR INDUSTR				12. CITI	ZEN OF	TRY?
		orking life, even if retired)			North				5-11	
13.1	ATHER'S NAMI				14. MOTHER'S N Unkr			Clark.		
	Unknown					IOWII				a best
		EVER IN U.S. ARMEI		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRE	SS	
					Mis	Bertha	Lipscomb	2147	Chelse	ea Tern
	1B.	4.4	200	/ CAUS	E OF DEATH	200				L BETWEEN
	DISEASI	OR CONDITION D	IDECTI V	/		1			ONSEL	AND DEATH
		LEADING TO DEAT	4	(A) Asphyx	ia		CONT. CO.			
	(This does no heart failure,	of mean the mode of asthenia, etc. It mean plication which caused	dying, e.g., s the disease,	DUE TO						
	injury or com	plication which caused	de oth.)							
	ANTECENDENT CAUSES Neck Trauma									
		R CONDITIONS, IF ABOVE CAUSE (A) S		DUE TO		4044140044044404040				
		G CONDITION LAST.	TAINTO INC	400						
Ö				(0)		************************				
¥:	OTHER SIGN	II IFICANT CONDITIONS	CONTRIBUTION	NG					10	
FIC	TO THE D	CONDITION CAUSIN	LATED TO T	HE Acute a	nd Chroni	c Alcoho	olism			100 00 00 00 00 00 00 00 00 00 00 00 00
CERTIFICATION	19A. DATE OF	OPERATION 198. COL	NDITION FOR	WHICH OPERATION	20A. AUTOPS	(? (Yes or No)	208. IF YES, WERE F			D
		WAS PE	RFORMED		Yes		IN CERTIFYING CAU	SES OF D	EATH?	
EDICAL	21 A. EXTERNAL UNDERLYING		21 B.	PLACE OF INJURY (e.g., farm, factory, street,	in ar about 21 C.	WHERE DID	(If in Boltimare City, g	ive exact	location)	- A 15
ă	UTING CAUS		etc.)	Street	Rê	ar of 25	0 N. Pine	Street	- 7	- NOC
Σ	21 D TIME	(Manth) (Day) (Yes	or) (Hour) 2	1E. INJURY OCCURRED		OW DID INJU				
	OF INJURY (APPROX.)	Unknown	v	WHILE AT NOT	WHILE Unl	known				
	22.		m.   V		WORK					
	I certi	fy that I held on	Inquiry	Inspection A	utopsy X on	d that on thi	is bosis, deoth in	my opini	on	
	result	ed from: Noturo co	uses A	ccident Suici	_	-	Indetermined monn	er X		
		1 / 1, 1	8		CHIEF M	EDICAL EX	AMINER		DATE	SIGNED
	SIGNATU	IRE (A/2)	Molle	Tul MI	ASSISTANT M	EDICAL EX	AMINER 🖾		DATE	JIGHED
	EXAMINE NAME (T	R'S Rudige	er Breit	enecker/M.D.	ACCOCIATE				11/	13/66
	BURIAL CREM	ATION, 23B. DATE	23	C. NAME of CEMETERY	or CREMATORY	23 <b>D.</b> L	OCATION (City	, town, or	caunty)	(Stote)
	Burial	11/22/	166	Mt Calvary	Cemetry	A	A County	M,		
		BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR			ADDRESS	**
			0 0 0	P. C. T. D., M	Adol	phus H	alstead 12	06 W	Nrot	ch AVe
146	151 8514 1424	MUA 5 5 102	51020	M. c. 1 , M	Block C. Service C.					
VS	151-REV. 1/1/6	5 h / ( 1 )	/		1	6 4				3



14 400	66 11746  BIRTH NO.	
11	M.E. CASE NO.	
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
	Frank W. Hall	11/14/66 7:00 a. M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUA A. STAT	AL RESIDENCE (Where deceosed lived. If institution: residence before admission)  B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland OR TOWN (If outside corporate limits, write RURAL and give township)
	HOSPITAL OR ADDRESS OR LOCATION)	11-10
	D. STRE	Baltimore ET ADDRESS (If rurol, give locoton)
	University Hospital	715 W. Fayette St.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE	OF BIRTH 9. AGE (In years   II Under 1 Yr. I( Under 24 Hrs.
	male colored WIDOWED, DIVORCED(specify)	lost birthdoy! Months, Doys Hours, Min.
	IOA. USUAL OCCUPATION (Give kind of work OB. KIND OF BUSINESS OR INDUSTRY IT. BIRTH	IPLACE (State or foreign country) 12. CITIZEN OF
	done during most of working life, even if retired)	WHAT COUNTRY?
	13. FATHER'S NAME	HER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFOR	RMANT ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart loilure, osthenio, etc. it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ation of liver
	WAS PERFORMED	AUTOPSY? (Yes of No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES  YES
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bldg etc.)	ut 21C. WHERE DID (II in Boltimore City, give exact location)
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?
	SIGNATURE ALLENDEN ASSIST	and that an this basis, death in my opinion  Hamicide Undetermined manner  HIEF MEDICAL EXAMINER DATE SIGNED  TANT MEDICAL EXAMINER IN 11/14/66
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF CREMA	APPLATO 23D. LOCATION TO (CHY, Town, or county) (Stote)  LINE SITY MEDICAL SCHOOL  ADDRESS  ADDRESS
	NOV 23 1966 Polest E. Farleyns	MORTUARY SERVICE - BCHD
	VS 151-REV. 1/1/65	and the second s



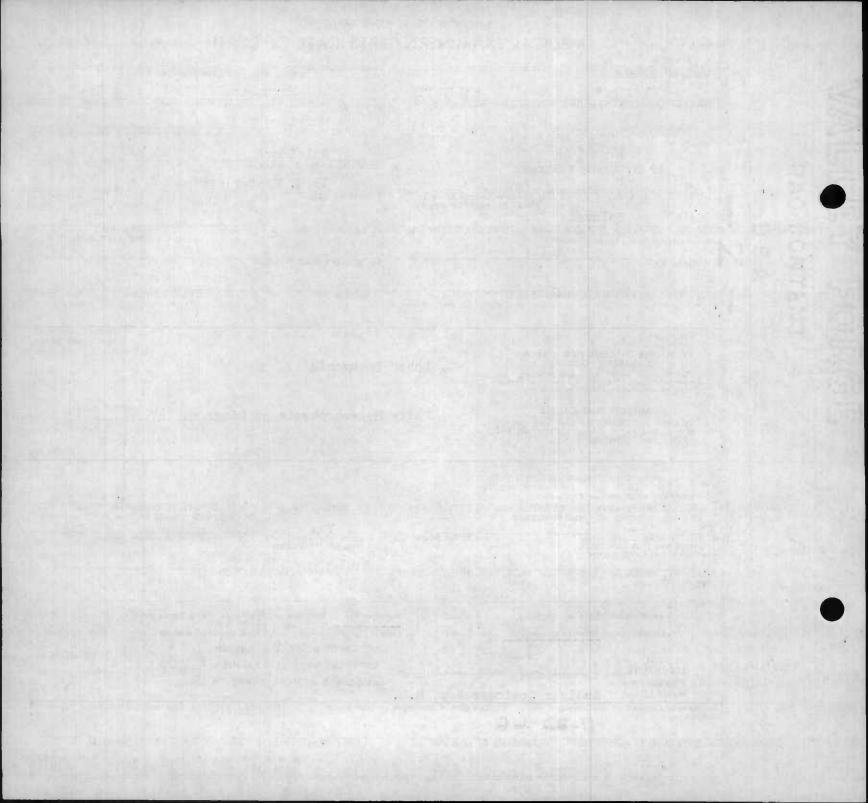
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BALTIMORE CITY HEALTH DEPARTMENT

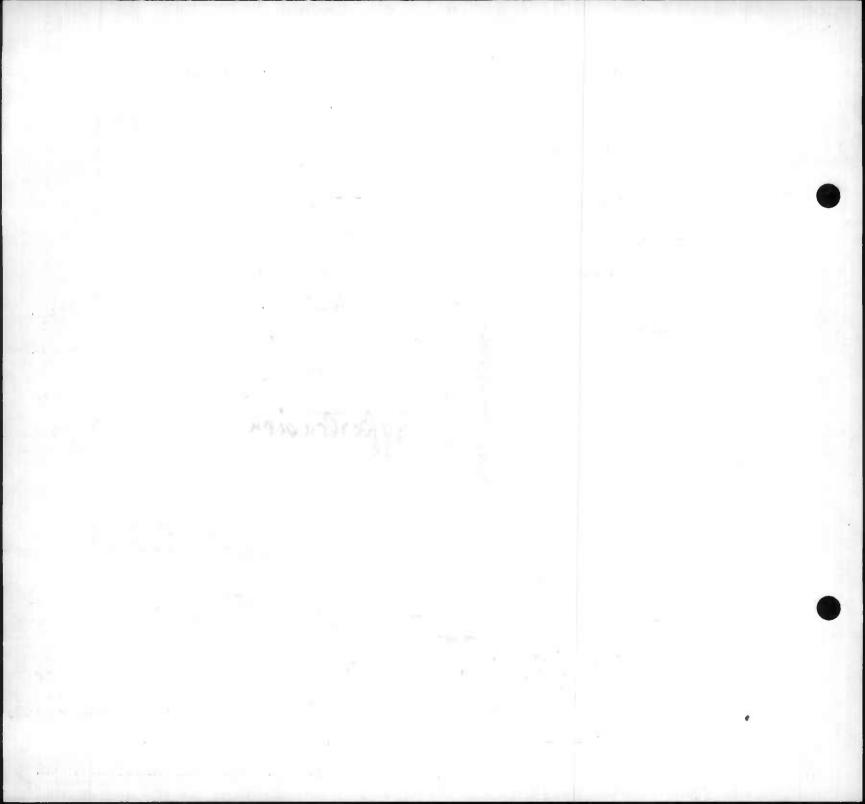
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.								
1. NAME OF DE		2. DATE AND	HOUR PRONOUNCE	D DEAD				
	LARENCE		PRIEVETT	November 12, 1966 8:40 A M.				
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESI	DENCE (Where de	ceosed lived. If insti	tution: residenc	e before odmission
				A. STATE	aryland	8. 000	NII	
FULL NAME OF	ADDRESS OR LOCA		TION, GIVE STREET			corporate limits, write	RURAL ond g	ive township)
INSTITUTION	A D NESS ON LOOP					~	12	
					altimore_	<u></u>	-01	
15	N. Exeter St	reet		D. STREET ADD	DRESS (If rurol, gi	ive location)		
(10)				15	N. Exet	er Street		
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIR	TH	9. AGE (In years		r. If Under 24 Hrs
3.0 1	0.1.	WIDOWED, I	DIVORCED (specify)			lost birthdoy	Months Doy	s   Hours   Min.
Male	Colored					35?		
	UPATION (Give kind of wor working life, even if retired)	KIND OF	BUSINESS OR INDUSTR	YII. BIRTHPLACE	(State or foreign	country)	12. CITIZEN C	
done doning most of	working me, even in terriout							
13. FATHER'S NAM	M E			14. MOTHER'S	MAIDEN NAME			
				CHEST TO				
	ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
18.			CALLES	OF DEATH			LINI	TERVAL BETWEEN
15 6	120-1		CAUSI	OF DEATH				ISET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY						
	LEADING TO DEATH		(A) Lobar	Pneumoni	a			
(This does	not mean the mode of e, osthenio, etc. It means	dying, e.g.,	DUE TO					
injury or co	implication which coused	deoth.)						
	ANTECENDENT CAUS	- c						
	ANTECENDENT CAUSI		(B) Fatty	Metamorp	hosis of	Liver		
RISE TO TH	OR CONDITIONS, 1F A		DUE TO					
UNDERLYI	NG CONDITION LAST.						-	
Z			(C)			***************************************		• 6 m x + 6 f 4 f 6 f 6 f 6 f 6 f 7 f 8 m + 6 f 6 f 6 m 6 f 6 f 6 m 6 f 6 f 6 f 6 f
Ĕ	11							
OTHER SIG	CONTROL CONDITIONS DEATH BUT NOT RE							
	R CONDITION CAUSING		n c		••••••			
19A, DATE O	F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPS	Y? (Yes or No) 20	B. IF YES, WERE FIN	DINGS CON	SIDERED
0 9	WAS PER	FORMED		.,		CERTIFYING CAUS	ES OF DEATH	**
21A EXTERNA	AL CAUSE WAS	218	PLACE OF INJURY (e.g.,	Ye		in Boltimore City, giv	un nunct langti	Yes
O UNDERLYING	OR CONTRIB-	home	, form, foctory, street,	office bldg., INJUI	RY OCCUR?	in bolinmore City, giv	ve exoct locom	on,
UTING CAL	JSE OF DEATH.	etc.)						
Z 21D TIME	(Month) (Doy) (Yeo	e) (Hour) 2	IE INJURY OCCURRED	21 F. H	IOW DID INJUR	Y OCCUR?		
OF INJURY			WHILE AT NOT	WHILE				
		m. V	VORK AT V	VORK				
22.	rtify that I held on	nauiry 🗆	Inspection Au	topsy X or	nd that an this	hasis death to -	v onleten	
			- /) -			bosis, deoth in m		
resu	Ited from: Notural co	uses X A	ccldent / Suicio	le Homic	ide Un	determined manne	er 🔛	
	12.11	1	_ //	CHIEF	MEDICAL EXA	MINER		ARE CLOUED
ACTUA		7. 410	614	ASSISTANT	MEDICAL EXA	MINER		ATE SIGNED
SIGNAT		) eq w	2 CM.P	•				
EXAMI			I W D	ASSOCIATE	MEDICAL EXA	_		11/13/66
NAME (			necker, M.D.		lang to			11/13/66
23A. BURIAL CRI REMOVAL (Special	fu)		C. NAME OF CEMETERY	or CREMATORY	23 D. LO	CATION ; (City,	town, or count	ly) -(Stote)
The toposit	11-20	2-66				WALL BARDA	717 6	CHOOL
244 DATE RECED	BY HEALTH DEPT.	248 N A A A E	OF REGISTRAR	24C FIIME	RAL DIRECTOR		ADD	RESS
DATE RECE	HEAVIN DEFI	THO IN AIVIE	- REGISTRAR	24CI FONE	ALL DIRECTOR		700	
	NOV 9 9 1000	100 6	- 9 Francisco	5 5 1	MORT	HARY CE	DVICE	RCHI
V\$ 151-REV. 1/1.	MUA 69 1200	Mary Jan Ja	C. Modra		MAN	OLENY TO	14 6.	- U WRAL
43 1310KEV. 1/1	/ 0 3							



66 11748 BALTIMORE	CITY HEALTH DEPARTMENT
CERTIFI	CATE OF DEATH Registered No. 00 11/48
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Katherine Elizabeth Ol	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, vite super old give township)
6113 The Alameda	Baltimore  D. STREET ADDRESS (If rurol, give location)
	6113 The Alameda
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
temale white widowed (specil	(y) 6-6-1896   lost birthdoy) 70   Months Doys Hours Min.
MA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDI	USTRY 11, BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Housewife	Maryland USA
13. FATHERS NAME	14. MOTHERS MAIDEN NAME
Michael Martin	Anna Carroll
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT 1241 COST
no 21 24030	
18. 4 CAU	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not meen the mode of dying, e.g.	Coronary Chromboses Justant
heart failure, asthenia, etc. It means the disease injury or camplication which caused death.)	4. 04. 11 40.
ANTECEDENT CAUSES	rlonosclorolic Heart Dissage 7422
DISEASES OR CONDITIONS, if any, giving	11. 12. 72
	fu worken syra
II E	90
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
A DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR SHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	(e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) set, office bldg., INJURY OCCUR?
21D. TIME IMonth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	D 21F, HOW DID INJURY OCCUR?
≥ (ABBBOX)   While At   Not	While Work
22. I certify that (I) (this hospital) attended the deceased fram	11-9-195710 11-22-1966.
that (1) ( last saw the deceased alive an	and that in (my) (and apinian death accurred an the date
and haur and from the causes, stated above. (1) (did r	
23A. SIGNATURE	23B. DATE SIGNED
7 Tolean Aug ) M.D.	Attending Phys. Stoff Phys. 11-23-66
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	M.D. 3105 N. Charla ST. Dalo Mo
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CREMOVAL (Specify)	
burial 11-25-66 Baltimore No	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Leonard J. Ruck Inc Baltimore, Md.
NOV 23 1966 P. O. B. E. Jackey	Leonard J. Mark Mil Darwine, ma.



66 11749	BALTIMORE CITY HEALTH DEPARTMENT	4 17
BIRTH NO.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 1	1.79
M.E. CASE NO.		

M.	E CASE NO.									
1. (Ťv	NAME OF DEC	EASED				2. DATE AND	HOUR PRONOUNCE	D DEAD		
,	pe or rillin	E1	a Marsha	ll Edwards	11/22/66 10:10 a. M.					
3. 1	LACE IN BALT	IMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESID		B. COU	tution: reside		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				C. CITY OR TOW	Maryla VN (If outside	corporate limits, write	RURAL and	d give townsh	nip)	
14.2	III O II O II					Balti	more	1/-	-4-6	1
	00				D. STREET ADDR	RESS (If rurol,	give location)		-	1
1	31	16 Mary Ave				3116	Mary Ave.			
5. 5	EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under	1 Yr. If Unde	r 24 Hrs.
	male	white	Wildow		3/29/189		lost birthdoy) 74	Months	Doys Hours	Min.
A01 nob	USUAL OCCL	JPATION (Give kind of w vorking life, even if retired		Railroad	Marylan		country)	12. CITIZEI WHAT	OUNTRY?	
3.	James	Edwards			14. MOTHER'S MA Ne tt	ie Godd	ard			
		D EVER IN U.S. ARM		16. SO CIAL	17. INFORMANT			ADDRESS		
	No or unknown)	(If yes, give war or d	otes of service)	\$ECURITY NO. 717-07-8313	Ernest F	. Edwar	ds 4664 Yor	k Rd.	Balto.	Md.
_	1B. 2/ /	0 1		CAUSE	OF DEATH				INTERVAL BE	
	7-55								ONSET AND	DEATH
	DISEAS	SE OR CONDITION LEADING TO DEA		A set a set a	1					
	(This does n	not mean the mode	of dying, e.g.,	DUE TO	scierotic	cardiov	ascular dis	ease	*************	
	injury or con	osthenio, etc. It med application which cause	d deolh.)							
	1110-0									
		NTECEDENT CAU		(B)						
	DISEASES	OR CONDITIONS, IF E ABOVE CAUSE (A)	ANY, GIVING	DUE TO						
	UNDERLYIN	G CONDITION LAS	T.							
Z				(C)						
CERTIFICATION		II  NIFICANT CONDITION  DEATH BUT NOT								
표	DISEASE OF	R CONDITION CAUSI	NG IT.							
CER	19A. DATE OF	OPERATION 198, CO	ERFORMED	WHICH OPERATION			OB. IF YES, WERE FIN N CERTIFYING CAUS			
AL	21 A. EXTERNAL	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i	n or obout 21C. W	HERE DID (I	in Boltimore City, giv	e exoct loc	otion)	
MEDICA	UNDERLYING DUTING CAU		home, etc.)	, form, foctory, street, o	ffice bldg., INJURY	OCCUR?				
Σ	21D TIME OF INJURY	(Month) (Doy) (Y	eor) (Hour) 2	IE. INJURY OCCURRED		OW DID INJU	RY OCCUR?			
	(APPROX.)		m. V	VHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	ORK					
		rify that I held on	Inquiry	Inspection Aut	opsy 🗶 ond	that on this	bosis, deoth in m	y opinion		
	resul	ted from: Notural o	ouses X A	ccident Suicide	Homicie	de U	ndetermined manne	r		
	-					EDICAL EXA				
	ACTUAL	11002	res h	(1/					DATE SIG	SNED
	SIGNAT		my.	M.D.	ASSISTANT MI	EDICAL EX	AMINER A		100166	
	EXAMIN			5	ASSOCIATE M	EDICAL EX	AMINER	11,	/22/66	
	NAME (		er U. Spi							
23 A	MOVAL (Specify	MATION, 23B. DATE	230	C. NAME OF CEMETERY O	CREMATORY	23 D. LO	CATION (City,	town, or co	ounty) (	Stote)
	Burial	II/	26/66	Parkwood Cem,			Baltimore,	Md.		
24		BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR	,		DDRESS	
				E, Falley MA		d J. Ru	ck Inc. E	alto.		
		JOEL GY ANN	1 APRION	-,,						

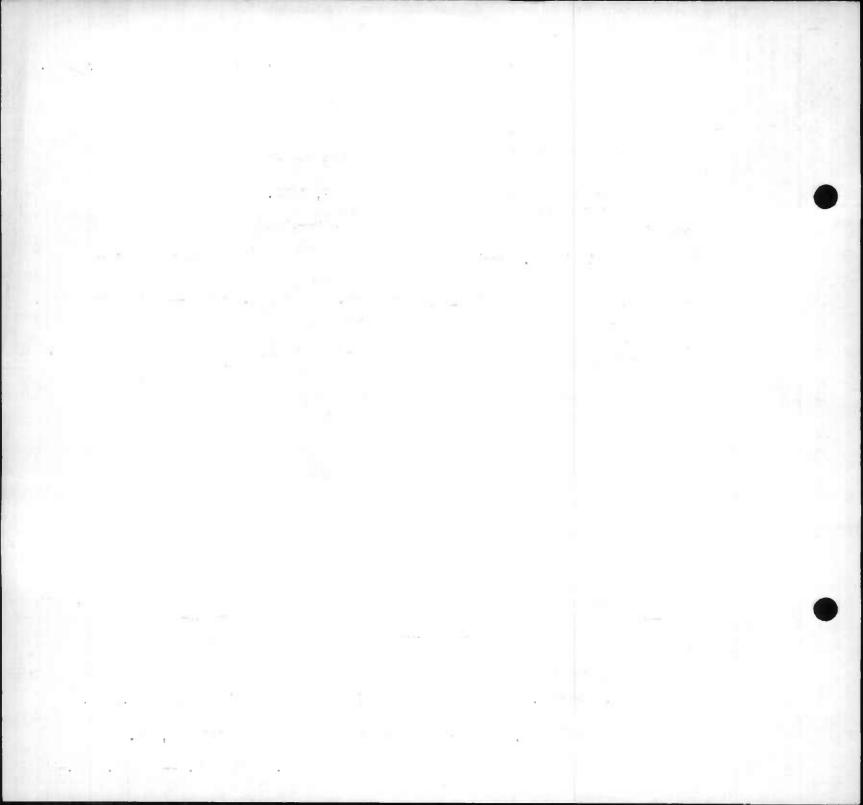
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				BALTIMORE CITY	HEALTH DEP	ARTMENT		CC	14750
BIRT	H NO.	66 117	50	CERTIFICA	TE OF D	EATH	Registered No.	00	11750
	AME OF DECI			02.(111.10)			ND HOUR OF DEATH	ı	
	e ar Print)	BLANCHE	M. E	VAN S			22, 1966		1:30 A. N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND					4. USUAL RES	B. COU	ere deceased lived, tf i	institution; resid	ence before admission)
Н	ULL NAME O	F (If not in haspital oddress ar lacation	ar institution, n)	give street	Maryl.		utside city limits, write	RURAL and gi	ye township)
II	NSTITUTION	House in the	Pines.	Bel Aire	Balti	more	#14	2/	-01
House in the Pines, Bel 5837 Belair Road  5. SEX 6. RACE Female caucasian 7. MARRIED, NEVER WIDOWED, DIVO COLVORCE OF CAUCASIAN 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSIN Housewife 10A. Usual occupation (Give kind of work 10B. KIND OF BUSIN Housewife)				D. STREET AD		rurol, give location) Avenue	0		
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF BI	RTH	9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.
f	emale	caucasian	di.vc	orced (specify)	May 17,	1870.	last birthday) 96	7410111113	ys mours; with
		vorking life, even if retired)	10B, KIND OI	BUSINESS OR INDUSTRY		aryland		12. CITIZEN WHAT	OF COUNTRY? USA
13. [	FATHER'S NAM		1		14. MOTHER'S	MAIDEN NA			
		William	J. Croc	k			Caroli	ne Fowle	r
15. V	Nos Deceased	Ever in U. S. Anned Far	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMAN				DDRESS
,,,,,	No	(iii yes, give war ar asia	0 0 00 00	213-50-8963	Mrs. Be	atrice	M. Archer	3103 Tyr	ndale Ave.
	1B. 11	9 1	<del></del>	CAUSE O	F DEATH				ERVAL BETWEEN
	DISEAS	E OR CONDITION DI	RECTLY						SET AND DEATH
	LEADING TO DEATH (AArte:				rio-scl	erotic	Cardio-	]	L5 yrs.
	(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which caused death.)				alar Di	sease			
	1	INTECEDENT CAUSES		(B)OUE TO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
		R CONDITIONS, if							
		above couse (A) CONDITION lost.	sloling The	(C)					
_				_					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISPASSE OR CONDITION CAUSING IT.								
ERTIFIC	19A.DATE OF	OPERATION 19B. CON WAS PER	DITION FOR	WHICH OPERATION	NO NO	PSY? (Yes or N	10) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CO AUSES OF DEA	NSIDERED ATH?
0	OR CONTRIBU	IT WAS UNDERLYING	21 E hon etc.	PLACE OF INJURY (e.g., i	in ar about 21 C. INJU	WHERE DID RY OCCUR?	(If in Boltimo	re City, give e	xoct lacation)
0		medical examiner)							
MEDI	OF INJURY (APPROX.)	(Manth) (Day) (Year)		. INJURY OCCURRED  iile At Not Whi rk At Work	le 🖳	HOW DID IN	JURY OCCUR?		
	22. I certify	that (I) (अधिक अध्यक्षकां अध्य	L) attended t	he deceased from J1	uly		1966 to NO	vember	22, 1966
	that (I) (we)	lost sow the deceose	ed olive an	November 1	7 19.66	and t	hot in (my) ( compop	inian deoth o	occurred on the do
				I) (We)-(did) (did-net)					
	23A. SIGNATU	(-)	150	1	ending	Med. Oirector	Staff Phys.	23 B. DATE S	ember 22,6
	23C. PHYSICIA NAME (T		. Saylo	201	23D. ADDRESS		nt Avenue,		

24A. BURIAL CREMATION, REMOVAL (Specify) burial 11/25/66. Greenmount Cemetery Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, Inc. -- Balto., Md.-Lli



VS 150-REV. 1/1/65

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a hospital and

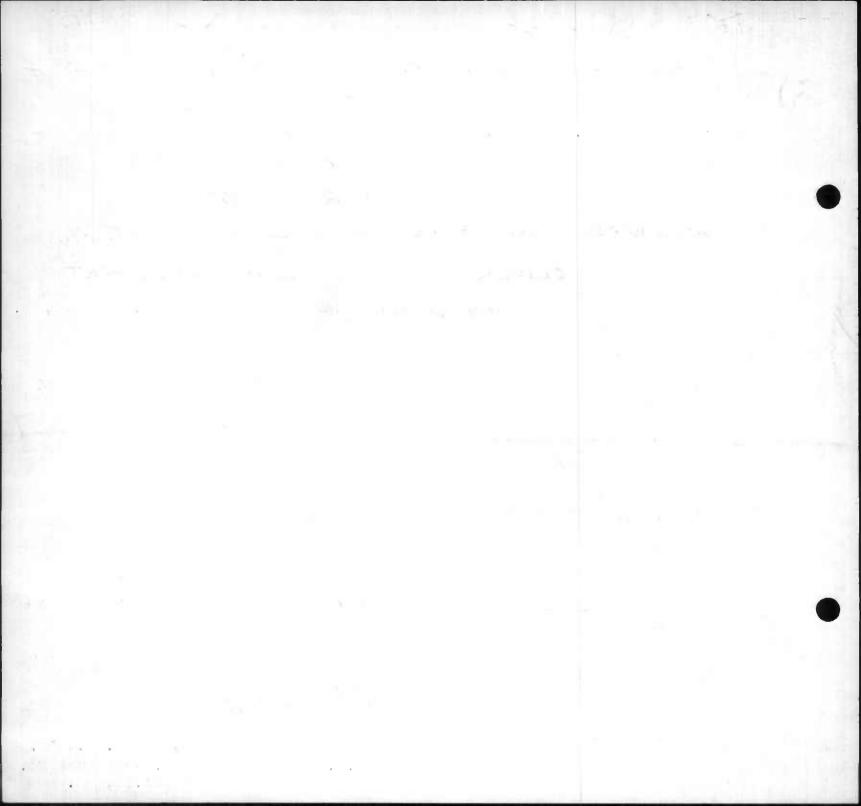
	BALTIMORE CITY HE.  CERTIBULATE	
	M.E. CASE NO.	
	(Type or Print) YETTA WEINSTEIN	10.05 10.09 6 SEATH
		USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE B. COUNTY
		ARYLAND CITY OR TOWN (If outside city limits, write RUPAL and give township)
	SINAI HOSPITAL OF BALTIMORE D.	STREET ADDRESS (If rural, give location)
	7 4 2 3	308 PARKINGTON AVE.
	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	ATE OF BIRTH  9. AGE (In yeors   If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
2	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11.	BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	Housewife At Home	RUMANIA BASSARABIA
2	13. FATHER'S NAME Calipsin Weisman	Tobia
5	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17.	
)	(Yes, na ar unknown) (If yes, give war ar dates of service)  SECURITY NO.  215-16-4710 D.	MICHAEL WEINSTEIN-SON SEOS KEY AM.
5	DISEASE OR CONDITION DIRECTLY	EATH INTERVAL BETWEEN ONSET AND DEATH
5	LEADING TO DEATH	heal-Vascular Regulant
	(This does not mean the mode of dying, e. A heart failure, asthenia, etc., It means the disease injury or complication which caused death.)  ANTECEDENT CAUSES	
0		OD
9	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating life	
	UNDERLYING CONDITION lost.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	re of Chip 11/14 5 days
2	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED FRACTURE Dhip	20A. AUTO SY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	OR CONTRIBUTING CAUSE OF   218. PLACE OF INJURY (e.g., in or hame, form, factory, street, affice	
2	DEATH (natify medical examiner)  O 21D. TIME (Month) (Doy) (Year) (Haur) 21E, INJURY OCCURRED	It how did injury occur?
	21D. TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.)  While At Wark At Wark	Fiell on fatheron floor
5	22. I certify that (this hospital) attended the deceased from	1966 10 11/19 1966
3	ond hour and from the couses stoted obove. (We) (did) (did not) view	
200	23A, SIGNATURE	23 R. DATE SIGNED
5	Francisco D. Sabado, Ja. M.D. Attendin Phys. 23C. PHYSICIAN'S 23D.	Med. Staff Director Phys. Wov. 19, 1966  ADDRESS
5	NAME (Type)	ADDRESS SINAL HOSP. OF BALTIMORE
2	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMA	TORY 24D. LOCATION (City, town, or county) (State)
D	Burial Nov 20/66 Tifereth Israel, An	
	-	2SC. FUNERAL DIRECTOR  ADDRESS  Levinson & Bros Inc. 6010 Reistersown Rd

10	TH NO. 66 11752	CERTIFICA	TE OF DEATH	Registered No.	66 11752
1.1	TAME OF DECEASED PRINT Placing Ha	rrigan	- 1	22-66	237 A
	FULL NAME OF HOSPITAL OR NSTITUTION  Ben Secours		A. STATE B. COUN  C. CITY OR TOWN (IF OU  D. STREET ADDRESS (IF	re deceosed lived. If inst	JRAN-end give township)
5. S		RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH  1- /3-97.	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10B, KIN e during most of working life, even if refired) Refleed Md.	/ 17/	32Himere	ign country)	12. CITIZEN OF WHAT COUNTRY?
13.	Mark Harrigan		14. MOTHER'S MAIDEN NA.	Wallace	
15. (Ye:	Was Deceased Ever in U. S. Armed Förces? s,no or unknown) (If yes, give wor or doles of sen	2/2-10_3383	MISS CECE	LIA HAR	RIGAN (SAME)
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying,	CAUSE O	plasm desce	nding colo	INTERVAL BETWEEN ONSET AND DEATH  12pu to 23 Au
	heall failule, asthenia, etc. It means the dis injuly at complication which coused death.) ANTECEDENT CAUSES	ease, 3 m	d sigmoid enerative CV		
	DISEASES OR CONDITIONS, il any, g lise lo lhe abave cause (A) sloling UNDERLYING CONDITION lost.	iving  The (C) Pari	rolateral Mic cial intestin	al obstru	mige ction.
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING O THE			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	ON CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED  While At Not While At Work	21 F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this haspital) attend that (I) (we) lost saw the deceased alive	an death occurred on the date			
	and hour and from the couses stated about 23A. SIGNATURE planca f.  23C. PHYSICIAN'S NAME (Type)  1876 2 hui	11-22-66 Hospital			
24	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City,	, town, or county) (State)
25A	Burial 11/25/66 258. NA NOV 23 1968	New Cathedral ME OF REGISTRAR  3.65 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ba: 25C. FUNERAL DIRECTOR H.W. Jenkins	& Sons Co.	Md. 1905 York Rd.
VS	150-REV. 1/1/65			DB.	

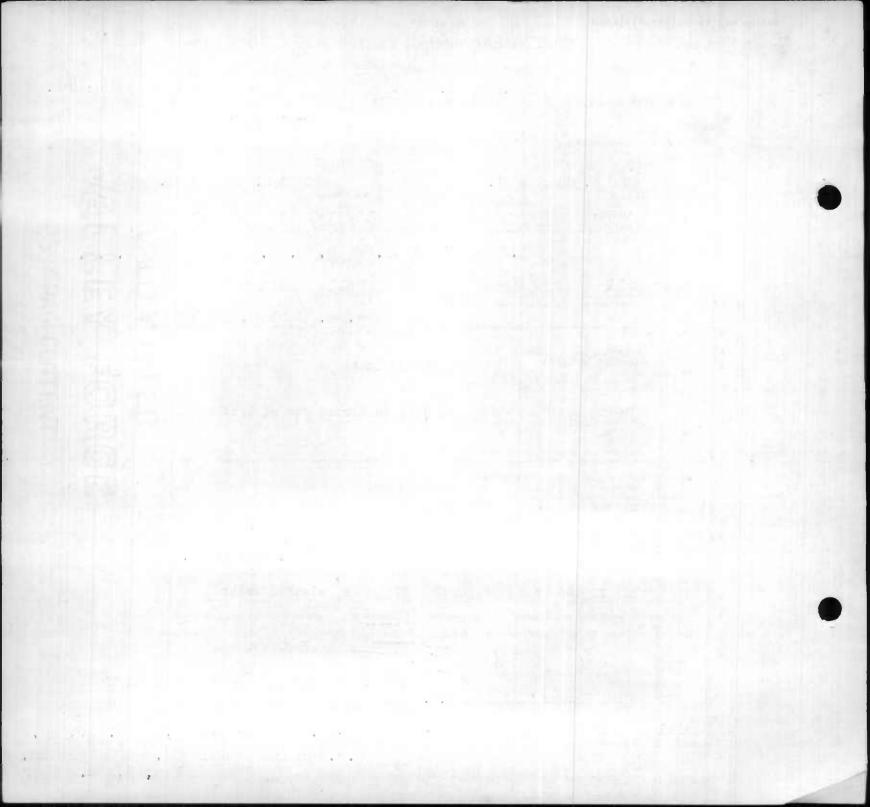
200 1-11-5 (47.11.10) n, had seen joins in and broth take some 162 17-61-6 forming that the source The second second second property of to the complete the state of the control of the con Brown & Co. S To Section 18 3 Section on the Section The contract of the contract of the The same and the same and the same and the state of the s

47-89-45 ED

-	416 00 11759	BALTIMORE CITY	HEALTH DEPARTMENT	1	66 11753
BIRTI M.E.	H NO. 47 - 85 - 45	CERTIFICA	TE OF DEATH	Registered No	20 77/00
1. N	AME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
(Тур	e or frings	inia Di	11/2	3/16	13:25 A
3. PI	LACE OF DEATH IN BALTIMORE, MARYLAN	ID CO	4. USUAL RESIDENCE (Wh.	ere deceased lived. If in	stitution: residence before admission)
FI	ULL NAME OF (If not in hospital at inst	titution, give street	Maryland.	IN IT	- Balk Ca
H	IOSPITAL OR oddress or location)		C. CITY ON TOWN (IF o	utside city limits, write h	(URAL and give township)
4	940 Eastern Ave. Baltim	ore, Maryland	Baltimore D. STREET ADDRESS (III	Frurol, give location)	53-00
1	Salfimore City)	Vespilals	210 Had	Have 6 /	PS
5. SI	EX 6. RACE 7. M.	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1	omale white I	fulled	4-12-11	-55	
	USUAL OCCUPATION (Give kind of work 10B, K during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or lor	eign country)	12. CITIZEN OF WHAT COUNTRY?
À	HOUSE WIFE OV	NN HOME	North Ca.	ofina.	11.5.1
3. F	ATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	Circle of V.
	Mache Din	15 h	T433	M Day	TIL ODDT
5. V	Vas Beceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Lilly 17. INFORMANT	M. DAV	
Yes,	,no or unknown) (If yes, give war or dotes of s	ervice) SECURITY NO.	DOM BROODER		ADDRESS 21224
	No	214-26-5359		940 Eastern	Ave. Baltimore, Md
	1B. 200,01	CAUSE O	F DEATH	( 11	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Y ()	) [	011	240
	(This does not mean the mode of dying	q, e.q., DUE TO	amura	(mov /w	2 7
	hearl failure, asthenia, etc. It means the dinjury at camplication which coused death	lisease,	1 1	1.10	
		" 12e	Ticellum C	ell. SANCO	mr 8 months
	ANTECEDENT CAUSES	DUE TO	N. CCP Minus	1, ()	
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) station		(1622 MILLIONA)		
	UNDERLYING CONDITION last.			******************************	
_	-11				
0	OTHER SIGNIFICANT CONDITIONS CONTR				
AT	DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
E	21A, ACCIDENT WAS UNDERLYING	tinal obstruct	Yes	Yes	
_	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	ffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
0	DEATH (notify medical examiner)				
	OF INJURY (Month) (Doy) (Year) (Hou		21 F. HOW DID IN	JURY OCCUR?	
2	(APPROX.)	While At Work Not While At Work			1
	22. I certify that (I) (this haspital) atte	ended the deceased from	10/1/66	19 (0 (0 to	11/23 19.66
	that (1) (we) last saw the deceased ali-	ve on 11/23/66	4 19 and t		nion death accurred an the dat
	and hour and fram the couses stated ab	1 00	1 12:30 KM		deepin decontrol dir filo del
	23A. SIGNATURE	10ve. (1) (#e) (did) idia nai) v	Tew the bady offer death.		23B. DATE/SIGNED /
	margo 1	MAND. AHE	ending Med.	Stoff	122/11
	23C. PHYSICIAN'S	ROTOV) Phy		Phys.	11/23/66
	NAME (Type)		Baltimore City	Hospitals	
	W. H. Alon	50 M.D.			e, Maryland #21224
24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	EMATORY 240.	LOCATION (Ci	ly, town, or county) (State)
	Burial 11/26/66	Druid Ridge	Pi	kesville.	Balto.Co., Md.
25A		NAME OF REGISTRAR	H.W. Jenkins	R & Cona Ca	. 4905 York Rd.
	NOV 23 1986 (A)	Dist E. Fallery	H.W. SCHKINS		•
VS 1	150-REV. 1/1/65			#8.L	to.12, Md.



BIRTH NO.	MEDI	CAL EX	CAMINER'S C	ERTIFIC	ATE OF D	EATH Registe	red Na.	11/04	
M.E. CASE NO.									
1. NAME OF DI	ECEASED				2. DATE AND	HOUR PRONOUNC		Service .	
Type of Films		Eugeni	a H. Weakl			11/22/	66	11:10 a. M	
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RE	ESIDENCE (Where d	eceased lived. If insti	itution: residen	ce belare odmissian	
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET		Maryland				
HOSPITAL OR	ADDRESS OR LOCA	TION)	onon, orve orkeer	C. CITY OR	TOWN (If outside	corporate limits, write	RURAL ond	give township)	
					Baltimore		115	02	
00				D. STREET A	DDRESS (II rurol,	give lacation)			
00	3003 N. Char					Charles St			
5. SEX	6. RACE	7. MARRIED, WIDOWED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF	BIRTH	9. AGE (In years last birthday)		Yr. If Under 24 Hrs ys   Hours , Min.	
female	white	Divo		10/31	/1913	53			
	CUPATION (Give kind of wark					country)	12. CITIZEN	OF COUNTRY?	
Nurse	of working life, even if retired)	St. Jo	seph's Hosp	Wash	D C		II S	E A	
13. FATHER'S NA	ME	00.00	Sepii b Hosp	14. MOTHER'S	D C				
Carter	Hall			Dall	o Maraton	C			
15. WAS DECEAS	SED EVER IN U.S. ARMED		16. SOCIAL	17. INFORMA	a Tyding	۵	ADDRESS		
(Yes, no or unknow	vn) (If yes, give wor or date	s of service)	SECURITY NO.	T D	Cohlan	6802 77-	mle Dec	d	
118.					· Gabler	, 6803 Yo		TERVAL BETWEEN	
10.	7777		CAUSE	OF DEATH				NSET AND DEATH	
DISE	ASE OR CONDITION DI	RECTLY							
	LEADING TO DEATH		(A) Blood	loss					
(This does	not mean the made of re, osthenio, etc. It means	dying, e.g.,	DUE TO						
injury or c	camplication which coused	de oth.)							
	ANTECEDENT CAUSES		Calf 4	mfliate	d out of 1	oft modian	woin		
DISEASES	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO								
RISE TO T	HE ABOVE CAUSE (A) ST		506 10						
	ING CONDITION LAST.		(C)						
0	<u> </u>								
OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTII	NG						
E TO THE	DEATH BUT NOT REPORT OR CONDITION CAUSING		HE						
1	OF OPERATION 198, CON		WHICH OPERATION	20A. AUTO	PSY? (Yes ar Na)	OB. IF YES, WERE FI	NDINGS CON	SIDERED	
2	WAS PER	FORMED			yes	N CERTIFYING CAUS	SES OF DEATI	H?	
ZIA. EXTERN	AL CAUSE WAS	21 B,	PLACE OF INJURY (e.g.,	in or about 210	WHERE DID (				
UNDERLYING CA	GOOR CONTRIB-	home etc.)	home	olice bidg., INJ	OO3 N. Cha				
NO TIME	(14 11) (15 ) (18	) (11 ) [0	TE. INJURY OCCURRED		HOW DID INJU	III.			
OF INJURY	(Manth) (Doy) (Year								
(APPROX.)	11 22 66	?	WHILE AT NOT	WHILE X	slashed w	cist			
22.	ertify that I held an I	ngulry	Inspection Au	tapsy	and that an this	basis, death in n	ny aninian		
res	ulted fram: Natural ca	uses A	Accident Suicid			ndetermined mann	ег		
ACTU	11 /11/2	1 1	1 /-1		F MEDICAL EX			DATE SIGNED	
SIGNA		n 11	- 3 (M.D	ASSISTANT	MEDICAL EX	AMINER X			
1	INER'S		7		E MEDICAL EX		11/2	2/66	
	(Type) Werner	U. Spi	tz. M.D.						
23A, BURIAL CE REMOVAL (Spec	REMATION, 23B. DATE	23	C. NAME OF CEMETERY	OF CREMATORY	23 D. LC	CATION (City,	, town, or cour	nty) (Stote)	
Burial	11/25/1	966	Frinity Chu	reh Co	n To	ng Graan	Bolto	Co Ma	
24A, DATE REC'	1 -1		OF REGISTRAR		NERAL DIRECTOR	ng Green,	ADD	ORESS PICE	
	MOV 9 9 4000		4.0	H.W.	Jenkins	& Sons Co	. 4905	York Ro	
	MUY 23 1966	Volent	E. Forland				0.12.		
V\$ 151-REV. 1/	1/65 N/CC1	), 1		-3	7 7 0				
	110000	110							



CONTRACTOR UNION PARENTER AL MILLER BOSLEY AVENUE MARRIED SA 92 MARYLAND Howar unit MARRY D. HAINES REBECCH HEDRICK TRAND LABIOSA the searchest for four on a world OVEZAH In Ip subser Probable and when a 100 1211 of you approved 29 6214 24 1511 U. Schumos-1 12 11 × UNION MEMORIAL HOSPITES M PETURSSON

	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be appropried to the body was released to the shows: (1) An accident of any was D.O.A at a hospital (excepted prior to death); and	hospital by a medical examiner. hospital by a medical examiner. nature; (2) Body burns; (3) A fractucept where the physician who prod (5) No physician was in regular.	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a his body was released to the hospital by a medical examiner. Also, if the direct or contributing caushows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; was D.O.A. at a hospital (except where the physician who pronounced death was in regular attended and prior to deceased prior to decease on the deceased prior to

n a hospital and cause of death use; (5) Deceased tendance on the

death.

BALTIMORE	CITY	HEALTH	DEPARTMENT

## CERTIFICA

ORE CITY	HEALTH DEPARTMENT		
IFICA	TE OF DEATH	Registered No.	66 11756
		HOUR OF DEATH	2741 22 117 2
	No	ovember 22,	1966 9: 00 P
	4. USUAL RESIDENCE (Where	deceased lived, If inst	itution: residence before admission
	Marylamd, &		
	C. CITY OR TOWN (If outs		
	Baltimore, Man		28-41
	D. STREET ADDRESS (If it	urol, give location)	
	4720Gerrison E	31 <b>v</b> d.	
IED specifyl	8. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs Months! Days Hours Min.
specify:	1-6-1885	81	
INDUSTRY	11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNTRY?
	Baltimore, Mary	land	U.S.A.
	14. MOTHER'S MAIDEN NAM		U.J.A.
	Libbie S. Stev	enson	
	17. INFORMANT	CIISOII	ADDRESS
NO.	17. INFORMANT		ADDRESS
3547	William Lutz,	Jr. Steve	enson, Maryland
CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	ahaa maaaalaa aa	add ant	several days
)	ebro-vascular ac	cident	severar mays
UE TO			
art	eriosclerosis		several yrs.
UE TO			
;)	0 * 0 * 0 0 0 * 0 * 0 * 0 * 0 0 0 0 0 0		****
aur	icular fibrillati	on	several months
TION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FII	NDINGS CONSIDERED
	no		
JURY (e.g., in , street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact lacation)
URRED	21F. HOW DID INJU	RY OCCUR?	
Not While At Work	e _		
	-7-66	. 11-	-22- 1966
		7 TO	on death occurred an the day
		i in Tubal (ont) obini	on death occurred an the dol
did not) v	iew the body ofter deoth.	1,	23B, DATE SIGNED
M.O. Alle	ending Med.	Stoff	11-23-66
Phy:	s. Director	Phy s.	11-17-00
** 5	23D. ADDRESS	America Poli	to grand MD

and haur and from the causes stated above. (1) (We) (did) (did not)

21 B. PLACE OF INJURY (e.g., home, form, loctory, street, o

21E. INJURY OCCURRED

While At

Wark

25B. NAME OF REGISTRAF

NAME (Type ELL SWORTH COOK

66 11756

oddress or location)

Bolton Hill Nurseing Home

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

6. RACE

15. Was Deceased Ever in U. S. Armed Forces

UNDERLYING CONDITION last.

19A. DATE OF OPERATION

DISEASE OR CONDITION CAUSING IT.

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

DEATH (natify medical examiner

(Yes, no or unknown) (If yes, give wor or dates of service)

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the made of dying, e.g.,

hearl failure, asthenia, etc. It means the disease, injury or complication which caused death,)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

(Month) (Doy) (Year)

done during most of working life, even if retired)
Optican

White

William Ralph Lutz, Sr.

(Il not in hospital or institution, give street

10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY

MARRIED, NEVER MARRIED

Married

198. CONDITION FOR WHICH OPERATION

WAS PERFORMED

22. I certify that (†) (this haspital) attended the deceased from that (1) (we) lost saw the deceased alive an 11-22-

(Hourl

WIDOWED, DIVORCED (specify)

6. SOCIAL

SECURITY NO.

215-05-3547

DUE TO

DUE TO

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED (Type or Print)

FULL NAME OF

HOSPITAL OR

13. FATHER'S NAME P.A. Lutz

INSTITUTION

5. SEX

Male

No

Ü

decease

OF INJURY

OF INJURY

(APPROX.)

23A. SIGNATURE

23 C. PHYSICIAN'S

M.D.W

25C. FUNERAL DIRECTOR

(City, lown, or county)

24A. BURIAL CREMATION, 24B, DATE REMOVAL (Specify) Burial 11-25-66

25A. DATE REC'D BY HEALTH DEPT.

Green Mount Cemetery

24C. NAME of CEMETERY of CREMATORY

Baltimore, Maryland

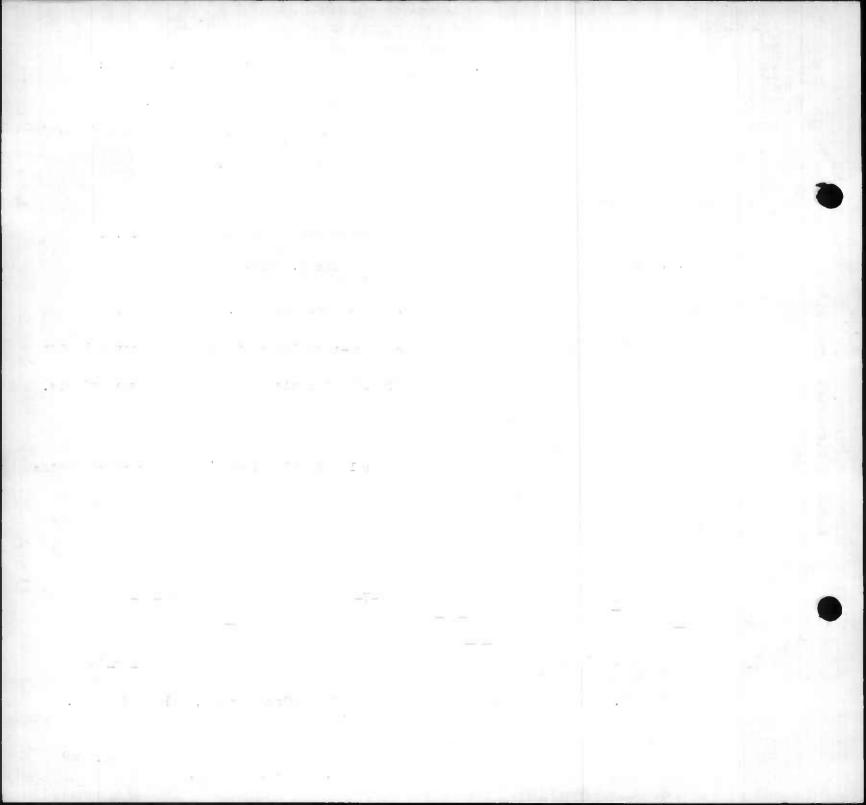
Boltman M

(Stote)

VS 150-REV. 1/1/65

Wm. Cook-Brooks Inc.

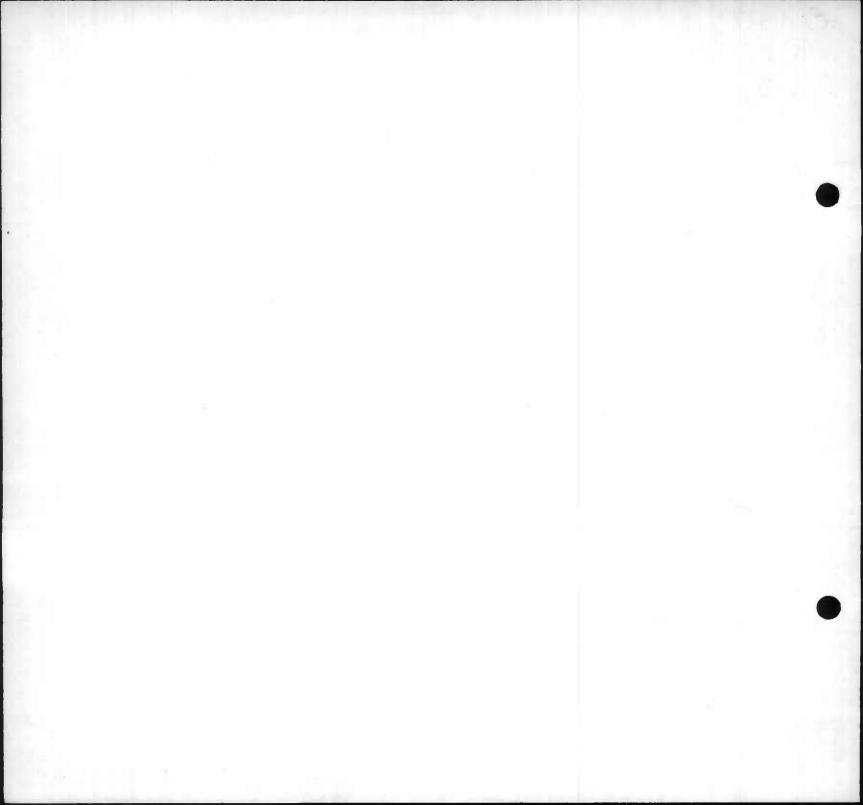
24D. LOCATION



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FUNERAL DIRECTOR: IMPORTANT	1	-	בו	0	-	=
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	pr	÷	II y	e X	ō	op
	OP	0	of c	=	h ;;	pe
	be	Pe	1	Sit	40	st
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	de	05	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Written approval must be obtained before the remains are embalmed or final disposition is made.
	Ē	ee	ccit	d L	40	10
	te	ST	Ö	11 6	o	10
	00	2	An	0	pri	pr
	+1+	>	$\Xi$	O.A	P	D
	cer	po	:5	D.C	ase	en
	15	e b	30	SE	00	=
	는	ţ	sh	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	de	3

V\$ 150-REV. 1/1/65

00 4	4 17/5/19	BALTIMORE CITY	HEALTH DEPARTMENT		66 11757
BIRTH NO. OO I	1757	CERTIFICA	TE OF DEATH	Registered No.	00 11/0/
1. NAME OF DECEASED (Type or Print)			2. DATE A	ND HOUR OF DEATH	
type or rillin	Amelia d	J. Dippel		vember 21, 1	
B. PLACE OF DEATH IN BAI	TIMORE, MARYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If in	stitution: residence before admission
FULL NAME OF (If n	ot in hospitol or institut	ion, give street	Maryland		
HOSPITAL OR adde	ess or location)		C. CITY OR TOWN (If or	utside city limits, write	RURAL ond give township)
Long Green	Nursing Home		Baltimore	8	7-06
0 Melrose & B	ellona Aves	,	D. STREET ADDRESS (IF 5407 Haml	rural, give location) et Ave.	
SEX 6. RACE Female Whit	WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify) agle	June 20, 1886	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 H Months Days Hours Min.
A. USUAL OCCUPATION (G	ive kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore		12, CITIZEN OF
ane during mast of working life,	even if retired)	C-17	_		WHAT COUNTRY?
Teacher		Schools	Penna.		U.S.A.
	T T)		14. MOTHER'S MAIDEN NA		
Frederick			Dorothea Ba	er	
es, no or unknown) (If yes, giv	S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		220-44-0502	Miss Marie Di	ppel, 5406 H	amlet Ave.
18.	1	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR COL	NDITION DIRECTLY				ONSET AND DEATH
	TO DEATH	In Par	Kinson's Di	sease.	1 1/22-1
(This daes not mean I	he made al dying,	e.g., DUE TO	KIM JOH J CO		1784
heart lailure, asthenia, e injury ar camplication w		ase,		. 1	12
ANTECEDE	NT CAUSES	(B) Adv	anced benzeralis	ed Arterio.	- (
DISEASES OR COND	TIONS if any oil	DUÉ TO	anced Generalis	clerosis	
rise to the above	cause (A) stating	9			
UNDERLYING CONDIT	ON last.	000000000000000000000000000000000000000	DTS		
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TO THE DEATH BU	NDITIONS CONTRIBUTED TO	TING			
DISEASE OR CONDITION	CAUSING IT.				
19A. DATE OF OPERATION	WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UI OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21 C. WHERE DID INJURY OCCUR?	(If in Baltimore	City, give exact location)
OF INJURY	Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)		While AI Not Whill Work AI Work			
22. I certify that (I) (4	his hospital) attend	ed the deceased from_	4-7-	19 3 4 ta	11-19- 1966
that (1) (ma) last saw					nian death accurred on the de
				m(m), <del>quo</del> n, opn	death accorred on the di
23A. SIGNATURE	V See Stoled 000V	e. (I) <del>(We</del> ) (did) <del>(did no</del> t) v	riew the body offer death.		DOOR DATE PLONED
11. 27	CIV	M.D. Atte	ending Med.	Staff	23B. DATE SIGNED
ruen	n C. ware	Phy	s. Director	Phy s.	11-22-66
23C. PHYSICIAN'S NAME (Type)		1	23D. ADDRESS		
	Milton C. L	ang, M.D.	2117 Belair Ro	oad	
	4B. DATE 240	C. NAME of CEMETERY or CRI	MATORY 24D. L	OCATION (Ci	ly, town, or county) (State)
REMOVAL (Specify) Burial	17/98/00	Dolltimans Com			
SA. DATE REC'D BY HEALT		Baltimore Cemete	- 0	ltimore, Md.	
NOV 2	3 1966 10 0	B. C. T. N	25C. FUNERAL DIRECTO		ADDRESS
	- TOOD INGK	eur C. Valky M.D	- Ullrich Fune	ral Home 421	O Belair Road.



Burial

25A. DATE REC'D BY HEALTH DEPT.

		BALTIMORE CITY	HEALTH DEPARTMENT		66 11758				
- 11	BIRTH NO. 66 11758 CERTIFICATE OF DEATH Registered No.								
	M.E. CASE NO.		2 DATE AL	ND HOUR OF DEATH					
	Type or Print) Madie Sce	>TT		V. 21,1960	29. M				
	B. PLACE OF DEATH IN BALTIMORE, MARYLAND			ere deceased lived. If in:	stitution: residence before admission)				
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)		C. CITY OF TOWN (IF OR		A = X =				
K	9 Montebello State	Hospital	D. STREET ADDRESS (IF	rurol, give location)	00-06				
			3020 St	afford ST	5				
	S. SEX 6. RACE WIDO	NED NEVER MARRIED	8. DATE OF BIRTH 3/6/94	9. AGE (In years lost birthdoy) 72	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
	10A, USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if retired)  Demestic	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	,	12. CITIZEN OF WHAT COUNTRY?				
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME					
	John Speak .		Many K	12611					
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	Chart	ADDRESS				
18. 332 X 1 4 2 6 0 CAUSE OF DEATH INTERVAL BETWEE									
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4 days.							
	(This does not mean the made of dying, heart failure, asthenio, etc. It means the dise								
injury or complication which coused death.)  ANTECEDENT CAUSES  (B) Anterioselectosis  Jeaus									
	DISEASES OR CONDITIONS, if ony, gi	DUE TO							
rise to the above cause (A) stoling the (C) UNDERLYING CONDITION lost.									
Ш									
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	solenatio hear	et disease -						
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?				
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)		(If in Boltimore	e City, give exoct locotion)				
	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?					
	(APPROX)	While At Not While Work At Work							
Ш	22. I certify that (I) (this hospital) attend	ed the deceased from	Dep. 26	19 6 6 to	Nov. 2/ 19 66.				
	that (1) (we) last saw the deceased alive	on Nev.	21 19 66 and 1	hot in (my) (aur) opi	nian death accurred on the date				
	and haur and from the causes stated above								
	23A. SIGNATURE . Tellera	Les UM M.D. AHE	ending Med.  S. Director	Staff Phys.	238 DATE SIGNED 7666				
	23C. PHYSICIAN'S NAME (Typel CSGN.). He		23D. ADDRESS	obe 1/0 //	pitul				
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (Ci	ity, town, or county) (Stote)				

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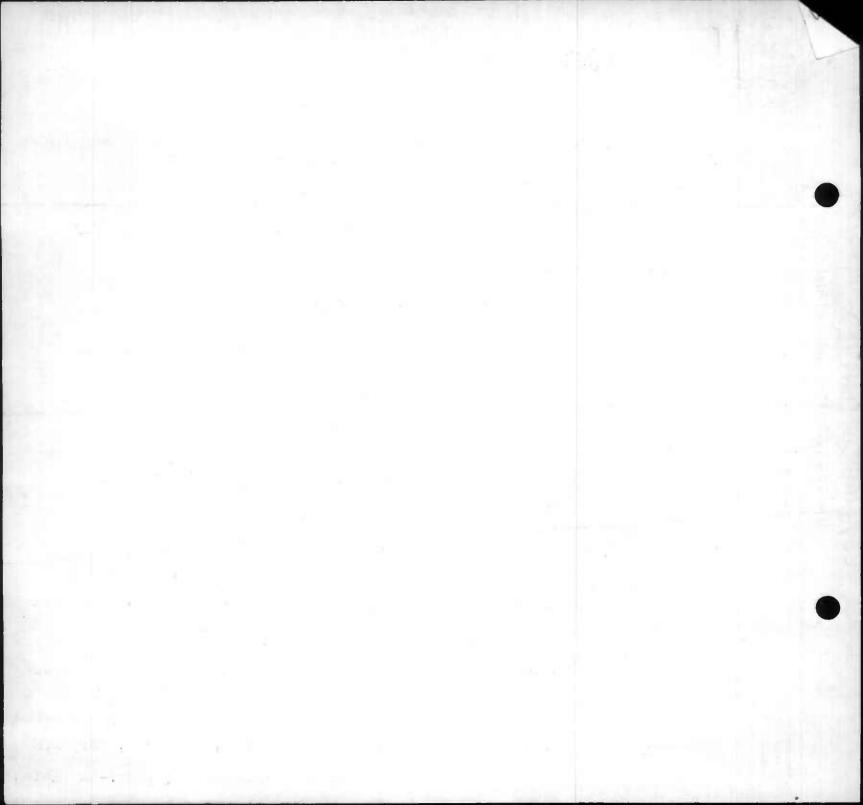
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25B. NAME OF REGISTRAR

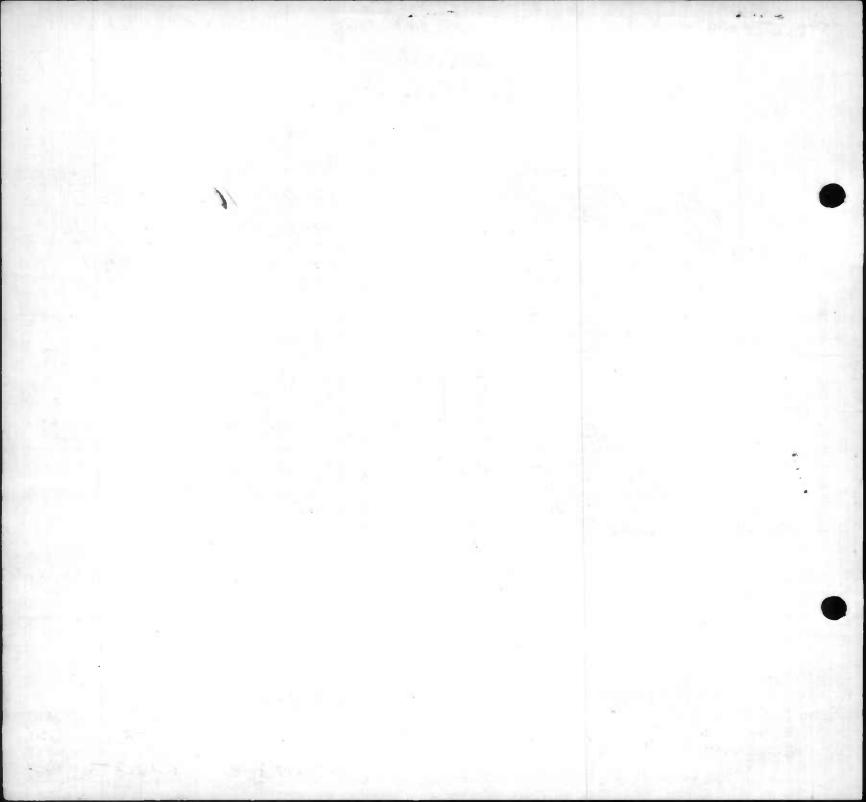
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3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, If institution: residence A, STATE B, COUNTY  PA .  C. CITY OR TOWN (If outside city limits, write RURAL and give to the county of the county	If Under 24 Hours Min,
T. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street oddress or location)  INSTITUTION  C. CITY OR TOWN (If outside city limits, write RURAL and give to the control of the contr	ownship)  If Under 24 H Hours Min,  UNTRY?  S,  AL BETWEEN
FULL NAME OF (If not in hospital or institution, give street oddress or location)  What is a compact of the property of the pr	If Under 24 H Hours Min,  UNTRY?  S,  AL BETWEEN
HOSPITAL OR address or location)  INSTITUTION  WINDOWED, DIVORCED (Specify)  10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO. 16. SOCIAL SECURITY	If Under 24 Hours Min, Months Min,  UNTRY?  S,  ESS #3  AL BETWEEN
SERVICE HOSPITHL  D. STREET ADDRESS (If rural, give location)  SERVICE HOSPITHL  D. STREET ADDRESS (If rural, give location)  SHIPPING  10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  SEAMAN  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Was Decassed Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or dates of service)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., heart foilure, ostheriae, etc. It means the disease,	If Under 24 Hours Min, Months Min,  UNTRY?  S,  ESS #3  AL BETWEEN
SERVICE HOSPITH BY STREET HOSES (II) Good Hind of Work MARRIED (II) LOSS (III) LOSS (III	Hours Min,  UNTRY?  S,  ESS #3  AL BETWEEN
CAUCAS AN WIDOWED, DIVORCED (specify)  WARRED  12,23/1900 lost birthdoy 65 Months Doys 1  100A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY)  Some during most of working life, even if refired)  SEAMAN  SHIPPING  14. MOTHER'S MAIDEN NAME  CHARLES  SHIPPING  14. MOTHER'S MAIDEN NAME  OPFINE  TEMPLE TOI  SECURITY NO.  16. SOCIAL  SECURITY NO.  17. INFORMANT  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease,	Hours Min,  UNTRY?  S,  ESS #3  AL BETWEEN
SEAMAN  SHIPPING  IDAHO  LIDAHO  WHAT COUNTY  SEAMAN  14. MOTHER'S MAIDEN NAME  CHARLES DAVIS  5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease,	ESS #3
SEAMAN  3. FATHER'S NAME  CHARLES DAVIS  5. Was Deceased Ever in U. S. Armed Forces?  Fes, no or unknown) (If yes, give wor or dates of service)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease,	ess #3 as 3
CHARLES DAVIS  Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of service)  NO  16. SOCIAL SECURITY NO. 16. 18 1085  CAUSE OF DEATH  (This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease,	ESS #3  AL BETWEEN
Was Deceased Ever in U. S. Armed Forces?  Is, no or unknown) (If yes, give wor or dotes of service)  IB.  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease,	ESS #3  AL BETWEEN
(This does not meon the made of dying, e.g., heart foilure, osthenia, etc. It means the disease,	a #3
ONSET OF CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the made of dying, e.g., heart foilure, osthenia, etc. It means the disease,	
LEADING TO DEATH  (This does not meon the made of dying, e.g., heart foilure, osthenia, etc. It means the disease,	VIAD DEVILL
heart foilure, asthenia, etc. It means the disease,	V5
ANTECEDENT CAUSES (B)	
DUE IQ	HR5
UNDERLING CONDITION 1881.	
OF TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?	DERED?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING   CAUSE OF Corm, foctory, street, office bldg., etc.)   CAUSE OF CONTRIBUTING   CAUSE OF CORM, foctory, street, office bldg., etc.)   CAUSE OF CONTRIBUTING   CAUSE OF CORM, foctory, street, office bldg., etc.)	locotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not While At Work  22. I certify that (this hospital) attended the deceased from 11-14- 19 (fo ta 11-13-	

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	-	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🚺	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the 🐧 ّ	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
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BALTIMORE	CITY HEALTH DEPARTMENT							
BIRTH NO. 66 11761 CERTIFIC	CATE OF DEATH Registered Na. 66 11761							
M.E. CASE NO.  1, NAME OF DECEASED  (Type or Print)  EUGENE, M. SCHWENK	2, DATE AND HOUR OF DEATH 11-20-66   2:20 A							
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before odmission A. STATE B. COUNTY							
FULL NAME OF (If not in hospital or institution, give street								
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)							
ST. AGNES HOSPITAL	BALTIMORE  D. STREET ADDRESS (If rurol, give location)							
T CATON & WILKENS, AVE.	3704 CLARENELL RD							
5. SEX 6. RACE 7, MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr., If Under 24 Hr  (y) Months: Days : Hours : Min.							
MALE WHITE MARRIED	1-27×01 65							
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	WHAT COUNTRY?							
KKKKKERKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKK								
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME							
? UNKNOWN	? UNKNOWN							
5. Was Deceased Ever in U. S. Armed Farces?   1 6. SOCIAL SECURITY NO.	17. INFORMANT  ST AGNES HOSPITAL RECORDSMRS. VIOLA							
NO 216-03-87								
430,1	ISE OF DEATH INTERVAL BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	lack mys cardial							
(This daes not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. II means the disease,								
injury ar camplicalian which caused death.)	infaction so the							
ANTECEDENT CAUSES  (B)  DUE TO	· acute kulumay							
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	edienia /							
UNDERLYING CONDITION last.	UNDERLYING CONDITION last.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH?								
OR CONTRIBUTING CAUSE OF home, larm, factory, stre	(e.g., in or about 21 C. WHERE DID (II in Baltimare City, give exact location) INJURY OCCUR?							
O	OLE HOW DID IN HIER OCCUPY							
While At Not	D 21F. HOW DID INJURY OCCUR?							
(APPROX) Work At	Work U							
22. I certify that (I) (this haspital) attended the deceased fram 11-19- 19-66 to 11-20 19-66								
	that (I) (we) last saw the deceased alive an 11-20 19 66 and that in(my) (aur) apinion death accurred an the date							
that (I) (we) last saw the deceased alive an								
	nat) view the bady after death.							
that (I) (we) last saw the deceased alive an	nat) view the bady after death.  23B. DATE SIGNED							
and have and from the causes stated above. (I) (We) (did) (did no 23A. SIGNATURE)  M.D. 23C-PHYSICIAN'S	nat) view the bady after death.  23 B. DATE SIGNED							
and have and from the causes stated above. (I) (We) (did) (did not stated above. (I) (Me) (did) (did not stated above. (I) (Me) (did) (did not sta	Attending Med. Stoff Phys. 23B. DATE SIGNED 11/20/66							
and have and fram the causes stated above. (I) (We) (did) (did not stated above.)  23A. SIGNATURE  M.D.  23C. PHYSICIAN'S NAME (Type)  DR. RAPHAEL MARIN  24A. BURIAL CREMATION, [24B. DATE]  [24C. NAME of CEMETERY of CEMETE	Attending Med. Director Phys. 23B. DATE SIGNED   23B. DATE SIGNED   23D. ADDRESS   23D. ADDRESS							
and haur and fram the causes stated abave. (I) (We) (did) (did not sta	Attending Med. Director Phys. 23B. DATE SIGNED    23B. DATE SIGNED   23B. DATE SIGNED   23B. DATE SIGNED   23D. ADDRESS   23D. ADDRESS   24D. LOCATION (City, town, or county) (State)							
and haur and fram the causes stated abave. (I) (We) (did) (did not sta	Attending Med. Director Phys. 23B. DATE SIGNED    23B. DATE SIGNED   23B. DATE SIGNED   23B. DATE SIGNED   23D. ADDRESS   23D. ADDRESS   24D. LOCATION (City, town, or county) (State)							

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		66 1176	(9		HEALTH DEPARTM		. 66 11762		
4	H NO.	00 1170	14	CERTIFICA	TE OF DEA	TH Registered No.			
	AME OF DEC	Jacob Mol:	itor		2. D	November 19, 1	10/1/1		
3. P	LACE OF DE	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where deceosed tived, If institution: residence before dim/ssion				
FULL NAME OF (If not in hospital or instit HOSPITAL OR oddress or location) INSTITUTION				give street	Maryland c. CITY OR TOWN Raltimo		e RURAL and give township)		
	00	514 S. 1	Bentalou	Street	D. STREET ADDRESS	TU	et .		
5. S	ale	6. RACE White	7. MARRIED WIDOWE	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH 2-21-1909	9. AGE (In years lost himbory) 57 Yrs.	Months Doys Hours Min		
done		working life, even if retired)	k 108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13.	FATHER'S NA				14. MOTHER'S MAIL				
	ма	rtin Molitor			Anna Zei	itvogel			
		Ever in U. S. Armed Fo		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 212		
	No			219-03-4779	Mrs. Elea	anor Lindinger,	730 Warwick Rd. 1		
	1B. / 6	3 X I		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH		
	DISEA	SE OR CONDITION DI LEADING TO DEATH		1	Parano	of Ille les	5 mar		
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
		osthenia, etc. It mean				1			
		ANTECEDENT CAUSE	S	(B)	***************************************				
	DISEASES (	OR CONDITIONS, if	any, giving						
		e above cause (A) 3 CONDITION last,	stating the	(C)					
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ATION	TO THE D	FICANT CONDITIONS EATH BUT NOT REL	ATED TO TI						
	19 A. DATE OF	OPERATION 198. CO		WHICH OPERATION	20A. AUTOPSY? (Y	es or No) 20B, IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?		
CER	21A. ACCIDE	NT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE	E DID (It in Boltim	nore City, give exact location)		
AL		JTING CAUSE OF medical examiner	hoteto	me, torm, foctory, street, o	ffice bldg., INJURY OC	CU R?			
	21 D. TIME	(Month) (Doy) (Year	(Hour) 211	E. INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?			
×	(APPROX.)			hile At Not Whil					
	22 1	al-a /1\ /abta b-a-ta-		ork Al Work		10/2	Nm) 10 .6		
	that (I) (wa)	that (1) (this haspite	ad alive as	New 18	1066	19	pinian death accoursed an the		
							pinion death acourred an the		
	23A. SIGNATU		and do dve.	(I) (We) (did) (did nat)	riew the bady after	dedin.	23B. DATE SIGNED		
	V	a atracani	Here		ending Med.	Staff	11.21.66		
	23C HYSICIA	IN'S	enu	Phy	23D. ADDRESS	or Phys.	11.001.00		
,	NAME (1	Dr. Just:	in Kudiı			lkens Ave. Balt	imore, Md. 21223		
24A	ORIAL CRE	MATION, 248. DATE	24C. N	AME of CEMETERY or CR	EMATORY	24D. LOCATION	(City, lown, or county) (Sto		
	Buria:	Specity)		oudon Park Ceme			k Ave. Balto. Md.		
25A		BY HEALTH DEPT.		OF REGISTRAR	25C, FUNERAL D	1	ADDRESS		
				Z = 0 0			Wilkens Ave. 21:		

VS 150-REV. 1/1/65

Howard H. Hubbard, 4107 Wilkens Ave. 21229

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			- HEALTH DEPARTMENT		CC 44516.0
BIRTH NO. 66 11763		CERTIFICA	TE OF DEATH	Registered No.	00 11/03
N.E. CASE NO.	HAZEL M.	MMXKK WOJCIK	2. DATE AND	HOUR OF DEATH	1 / 00
ype or Print) WOJCIK,	mes H	4284	11-2	0-1966	0 14.45AN
PLACE OF DEATH IN BALTIMOR	E, MARYLAND		4. USUAL RESIDENCE (Where		stitution: residence before admission
FILL NAME OF A II not in he	enital as institution	Olve street	MARLIANO	BALTI	MORE CO.
FULL NAME OF (If not in haspitat ar institution, give street address or location)  NSTITUTION  BON SECOURS HOSPITAL			C. CITY OR TOWN (II outs	ide city fimits, write	RURAL and give tawnship)
			BALTIMOR	E 210	229 53-00
5 /				irol, give lacotian)	2 /2 / 1 /
34	- AAA BRIS	NEWS MARRIED		AGE (In years	VENUE
SEX 6. RACE	WIDOWE	D, NEVER MARRIED D, DIVORCED (specify) RRIED	8/29/xxxxx	birthday) 64	If Under 1 Yr. If Under 24 Hrs Manths Days Haurs Min,
10A, USUAL OCCUPATION (Give kind done during most of working life, even if re		F BUSINESS OR INDUSTR	Y 11. BIRTHPUACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	-		BALTIMORE	Mo.	U.S. A-
3. FATHER'S NAME H.			14. MOTHER'S MAIDEN NAM	_	
JACOB XXX S	MITH		TILLIS M	. SANK.	ALA 1 STORESST.
5. Was Deceased Ever in U. S. Arm Yes, na or unknawn) (II yes, give war	ed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1917 C	ALAISTOORESST.
A lo	ar dates ar servicer	NONE	JOHNL. SMITH		0.21207
18. 11 0 1 N	DIAY		OF DEATH	141121	INTERVAL BETWEEN
DISEASE OR CONDITIO	N DIRECTLY	0		R	ONSET AND DEATH
LEADING TO DI		(A) COR	ONARY HRTERI	OSCLEROS	15 YEARS
(This does not mean the mo	means the disease			*	
injury or complication which c		75	P 1/ A		YEARS.
A NITE CEDENT C	AIICEC	(B) / V · / .	C. V.D.		/ F/7/12.
ANTECEDENT CA		DUE TO	C, Y.D.		/ - /n (1 2 ·
DISEASES OR CONDITIONS	6, if ony, giving (A) stating the		C, V.D.		/ F= /71 () 2.
DISEASES OR CONDITIONS	6, if ony, giving (A) stating the		<u>C, Y .D.</u>		/ F= /71 (1 2 ·
DISEASES OR CONDITIONS rise to the obove couse UNDERLYING CONDITION to	(A) stating the	(C)			
DISEASES OR CONDITIONS rise to the obove couse UNDERLYING CONDITION to  II  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT	(A) stating the state of the st	(C)	TIS Mellit	<b>しょ</b>	YEARG
DISEASES OR CONDITIONS rise to the obove couse UNDERLYING CONDITION to  TO THE SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU UNDERLYING CONDITION CAU UNDERLYING CONDITION CAU UNDERLYING CONDITION CAU	(A) stating the st.  ONS CONTRIBUTING TRELATED TO T.  SING IT.  B. CONDITION FOR	(C)	T/S Me///7	20B. IF YES, WERE	JEARS FINDINGS CONSIDERED
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DISEASES OR CONDITIONS rise to the obove couse UNDERLYING CONDITION to  11  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU  179A. DATE OF OPERATION OR CONTRIBUTING CAUSE OF CONDITION CAU  21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF CONDITION OF INJURY (APPROX.)	(Year) (Haur) 21	B. PLACE OF INJURY (e.g., me, form, foctory, street, c.)  E. INJURY OCCURRED  hile At At Work	in at about 21 C. WHERE DID office bldg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?  The City, give exact location?
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DISEASES OR CONDITIONS rise to the obove couse UNDERLYING CONDITION to  11  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU  179A. DATE OF OPERATION OR CONTRIBUTING CAUSE OF CONDITION CAU  21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE O	(A) stating the st.  (A) stating the st.  ONS CONTRIBUTING RELATED TO TO SING IT.  B. CONDITION FOR AS PERFORMED  YING 21  (Year) (Haur) 21  W  W  we aspital) attended accessed alive on st.	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, lorm, loctory, street, c.l.)  E. INJURY OCCURRED hile A1 A1 Want the deceased from	in at about 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  And the body after death.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?  The City, give exact location?  The City of the exact location of the decimal death occurred on the decimal decim
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DISEASES OR CONDITIONS rise to the obove couse UNDERLYING CONDITION to  11  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU  19A.DATE OF OPERATION 19B  21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (this ha that (I) (we) lost saw the de ond hour and from the couse 23A. SIGNATURE  23 CHYSICIAN'S NAME (Type) 1  GUSTINA	(A) stating the (A) stating th	B. PLACE OF INJURY (e.g., me, form, factory, street, c.)  E. INJURY OCCURRED hite At At War the deceased from M.D. A.P.	20A. AUTOPSY! (Yes or No)  in at about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJU  21F. H	OB. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?  The City, give exact lacation?  1966  238 DATE SIGNED  11-20-66  71MORE Md
DISEASES OR CONDITIONS rise to the obove couse UNDERLYING CONDITION to  11  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU  179A.DATE OF OPERATION 198  21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) OF INJURY (APPROX.)  22. I certify that (I) (this had that (I) (we) lost saw the de and hour and from the couse 23A. SIGNATURE  23C. HYSICIAN'S NAME (Type) 1  24A. BURIAL CREMATION, 24B. DA REMOVAL (Specify)	(A) stating the st.  CAN Stating the st.  CAN Stating the st.  CAN Stating the st.  CAN STATE (A) Stating the	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, lorm, loctory, street, c.,)  E. INJURY OCCURRED  Thile A1 Not What whe deceased from Mark  A1 Word  The deceased from Mark  MOY 20  (I) (We) (did) (did not)  M.D. A. Ph	in at about 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 and the view the body after deoth.  Nending Med. Director Director Rematory  23D. ADDRESS  REMATORY  24D. LC	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED  LUSES OF DEATH?  TO 1966  238. DATE SIGNED  11 - 20 - 66  TIMORE Md  City, town, or county) (Stote)
DISEASES OR CONDITIONS rise to the obove couse UNDERLYING CONDITION to  11  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU  19A.DATE OF OPERATION PA.DATE OF OPERATION OR CONTRIBUTING CAUSE OF CONTRIBUTION (Day OF CONTRIBUTION)  21A. ACCIDENT WAS UNDERLY (APPROX.)  21D. TIME (Manth) (Day) OF INJURY (APPROX.)  22A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  12A. BURIAL CREMATION, 24B. DAY REMOVAL (Specify)	(A) stating the st.  ONS CONTRIBUTING RELATED TO T SING IT.  B. CONDITION FOR AS PERFORMED  (Year) (Hour) 21  W was pital) attended accessed alive on the stated obove.  ATE 24C. N.  23-66 LO	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, lorm, loctory, street, c.l.)  E. INJURY OCCURRED hile A1 Not What work  At Work  The deceased from  (I) (We) (did) (did not)  M.D. A. P.  NAME of CEMETERY of C.  OUDON PARK CEM	in at about 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  19 6 and the view the body after deoth.  123D. ADDRESS  REMATORY  24D. LC	OB. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  TO 1966  Inian death occurred on the do  23B. DATE SIGNED  11 - 20 - 66  TIMORE Md  ity, town, or county) (State)  MARYLAND
DISEASES OR CONDITIONS rise to the obove couse UNDERLYING CONDITION to  11  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU  19A.DATE OF OPERATION PA.DATE OF OPERATION OR CONTRIBUTING CAUSE OF CONTRIBUTION (Day OF CONTRIBUTION)  21A. ACCIDENT WAS UNDERLY (APPROX.)  21D. TIME (Manth) (Day) OF INJURY (APPROX.)  22A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  12A. BURIAL CREMATION, 24B. DAY REMOVAL (Specify)	(A) stating the st.  ONS CONTRIBUTING RELATED TO T SING IT.  B. CONDITION FOR AS PERFORMED  (Year) (Hour) 21  W was pital) attended accessed alive on the stated obove.  ATE 24C. N.  23-66 LO	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, lorm, loctory, street, c.l.)  E. INJURY OCCURRED  hile A1 Not Wh A1 Work  the deceased from	in at about 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  19 6 and the view the body after deoth.  19 6 briector  23D. ADDRESS  23D. ADDRESS  PANT. Secont  24D. LC  ETERY 2 BAIJ	208. IF YES, WERE IN CERTIFYING CA  (If in Baltimar  URY OCCUR?  It in (my) (aur) api  Phys. BALT  CATION (C	FINDINGS CONSIDERED (USES OF DEATH?  The City, give exact location)  1966  238. DATE SIGNED  11 - 20 - 66  71 MORE Md  (Stote)

1202 Carrespe From 8/29/07 57 BARTIMERY MD US 4 THERE MY SHEK GET JUNEL STATES CHATO STARY BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.

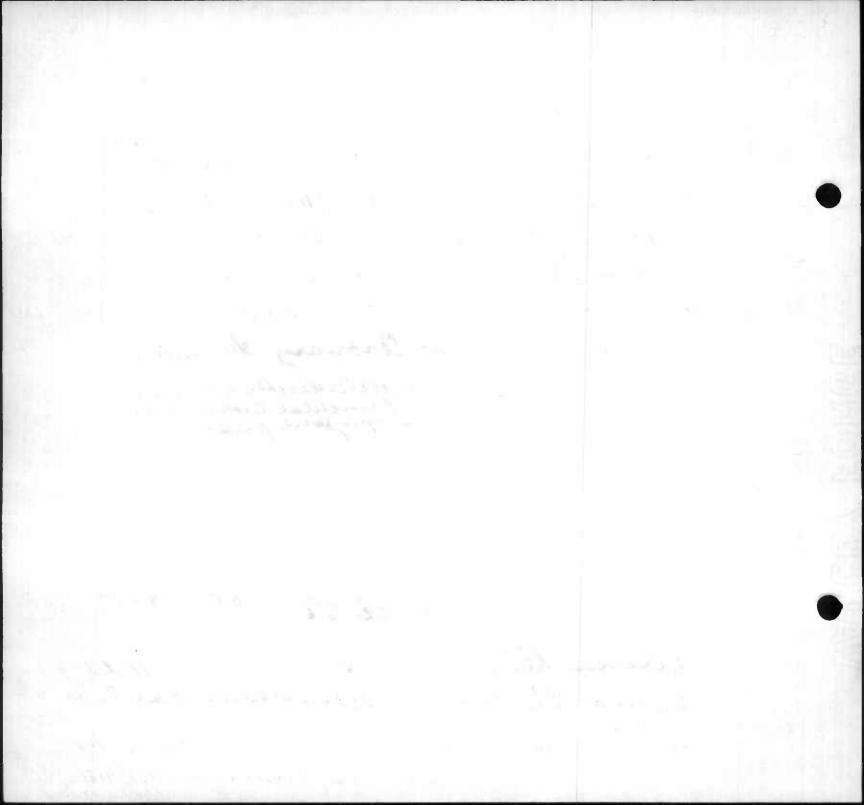
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FUNERAL

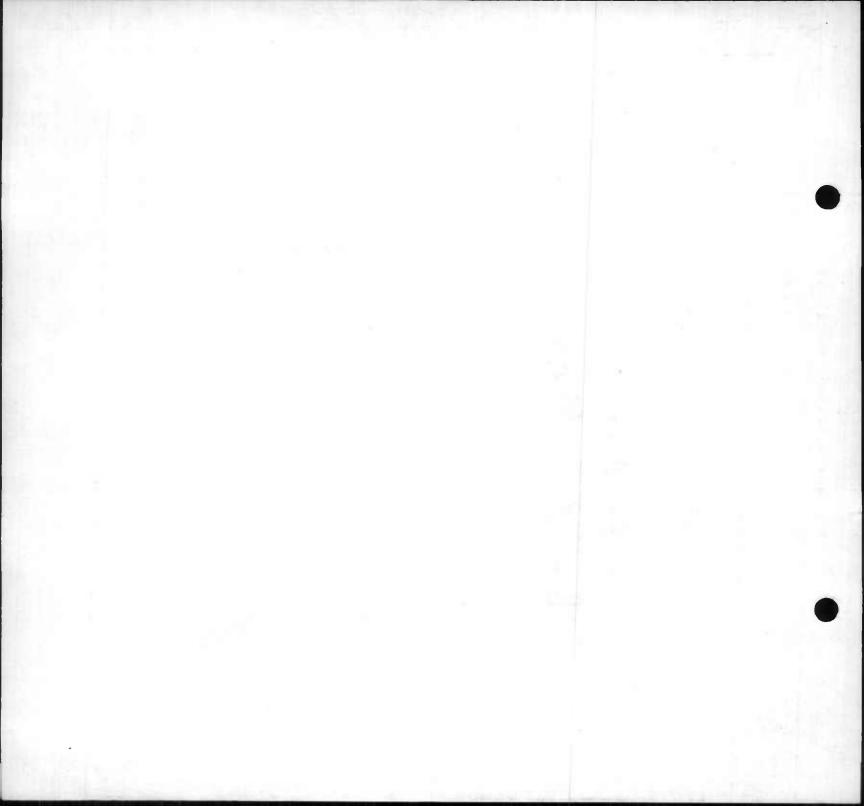
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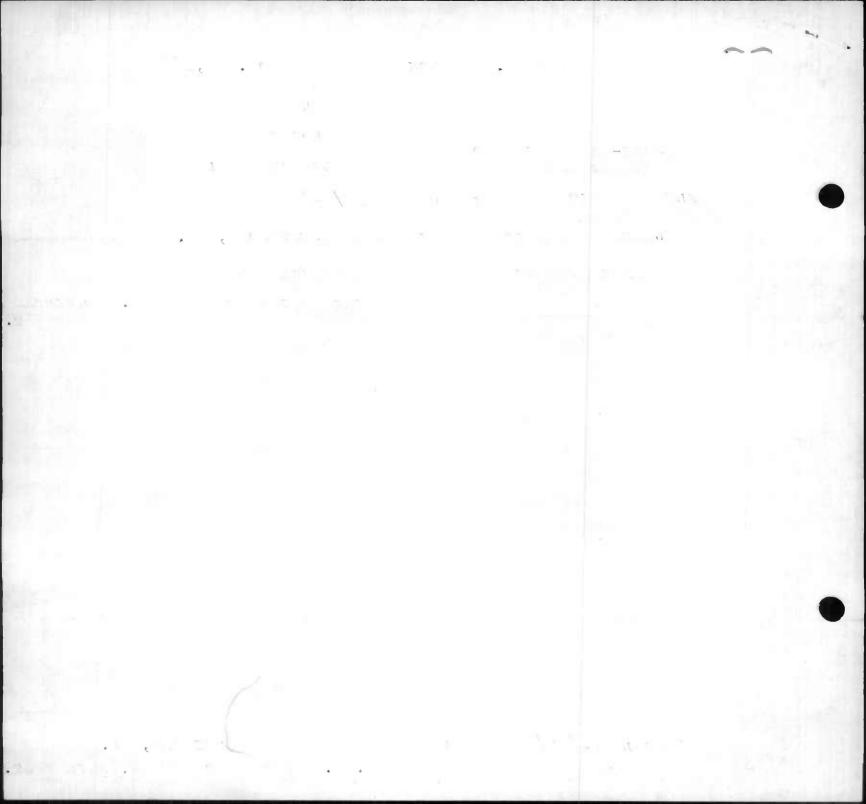


	BALTIMORE CITY HEALTH DEPARTMENT
	RTH NO.  CERTIFICATE OF DEATH  Registered No. 66 11765
1.	PLACE OF DEATH IN BALTIMORE, MARYLAND  PLACE OF DEATH IN BALTIMORE, MARYLAND  14. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
3.	FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or locotion)
3	8University Hosp D. STREET ADDRESS (If rurol, give location)
	26 E. Kandall SV.
	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 2/1/19 9. AGE (In yeors lost birthday) Months Doys Hours Min.
	OA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13	FATHERS NAME / THURE WEZ COLINGS FINE THE SCHMIST
1.5 (Y	(a. Was Deceased Ever in U. S. Armed Farces? es, no or unknown) (Iff yes, give war or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  FINALLY - OPINE
	18. / 7 / X I CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)  (A)
	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused dea(h,)
	ANTECEDENT CAUSES (8)
	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the (C) UNDERLYING CONDITION lost.
101	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
- 6	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
1000	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Work At Work
	22. I certify that (I) (this hospital) attended the deceased from /// > 1966 to /// 2> 1966
	that (1) (we) lost saw the deceased alive on
	ond haur and from the causes stoted obove. (1) (We) (did) (did not) view the body ofter deoth.  23A. SIGNATURE
	Thelm Jerke M.D. Attending Med. Director Phys. 11/22/61
	Hudson Fesche M.D. University Hospital
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, towns or county) (State)
2	SA, DATE REC'D BY HEALTH DEPT/ 25B, NAME OF REGISTRAR 25C/FUNERAL DIRECTOR TOOL FOOL CO. 3

olly-130 & Food Ca. 30 VS 150-REV. 1/1/65



{Ту	Pe or Print)	ASED $Joh$	N J.	NEUBECK		v. 22,19	
3. 1	PLACE OF DEA	TH IN BALTIMORE, MA		2,	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If	institution: residence before admis
	FULL NAME OF	F (If not in hospital oddress or location		, give streel			e RURAL and give township)
1		RI-LA NUR		Home	D. STREET ADDRESS		11-02
5. 5	CFY H	ARLEM LAN	7. MARRIES	D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
1	MALE	WHITE	WIDOW	ED, DIVORCED (specify)  DIVORCED	10/24/84	lost birthdoy)	Months Days Hours M
		IPATION (Give kind of wor vorking life, even if retired)	rk 108. KIND	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
	CLE		RICE	BAKERY	RAL TITM	OPE MD	
13.	FATHER'S NAM		1762 020	DARENTE	14. MOTHER'S MAIDEN N	AME	
	77	37-			7		
15.	Was Deceased	RANK NEUB Ever in U. S. Armed Fo (If yes, give wor or date	E CK	1 6. SOCIAL	LOUISA I	SLE	ADDRESS
(Ye	s, no or unknown)	(If yes, give war or date	les of service)	SECURITY NO.		Roth 30	30 E. BALTIMO
	18. /	3 01		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION DI	RECTLY		+ ++		ONSET AND DEATH
	LEADING TO DEATH (A) Metastatic cancer- 6 man						
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc., II meons the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (A) Metastatus Causer - 6 mth.  (DUE TO						
	heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.)						
				е,	2	0	O mills
	injury or com		d death.)	(B)	ancer col	lon-	8-mth
	injury or com	plicotion which caused ANTECEDENT CAUSES	d death.) S	DUE TO	Cancer col	lon-	8-mth
	DISEASES O	plicotion which caused ANTECEDENT CAUSES R CONDITIONS, if obove cause (A)	d death.) S ony, givin	DUE TO			8-mth
	DISEASES O	plicotion which caused ANTECEDENT CAUSES R CONDITIONS, if	d death.) S ony, givin	DUE TO	ancer col		8-mth
-	DISEASES Orise to the UNDERLYING	plicotion which caused ANTECEDENT CAUSES R CONDITIONS, if obove cause (A) B CONDITION last.	d death.) S ony, giving stating th	DUE TO			8-mth
NOI	DISEASES Orise to the UNDERLYING	plicotion which caused ANTECEDENT CAUSES IR CONDITIONS, if obove cause (A) CONDITION last.	d death.)  S  ony, giving staling the	DUE TO  g e (C)			8 mth
CATION	DISEASES OF THE PROPERTY OF T	plicotion which caused ANTECEDENT CAUSES R CONDITIONS, if obove cause (A) 6 CONDITION last.	d death.)  S  Ony, giving stating the CONTRIBUTITY TO TO THE TO THE CONTRIBUTITY ATER TO THE CONTRIBUTITY ATER TO THE CONTRIBUTITY TO THE CONTRIBUTION TO THE CONTRIBU	DUE TO  G  e  (C)			
IFICATION	DISEASES OF THE PROPERTY OF T	plicotion which caused ANTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last.	d death.)  S  Ony, giving stating the CONTRIBUTITY TO TO THE TO THE CONTRIBUTITY ATER TO THE CONTRIBUTITY ATER TO THE CONTRIBUTITY TO THE CONTRIBUTION TO THE CONTRIBU	DUE TO  g e (C)		No) 20B. IF YES. WEF	8 mm
CERTIFICATION	DISEASES OF THE DISEASE OF THE DISEA	plicotion which caused ANTECEDENT CAUSES OF CONDITIONS, if obove cause (A) CONDITION last.  FICANT CONDITIONS EATH BUT NOT REL. CONDITION CAUSING OPERATION 198. CONWAS PER	d death,) S ony, giving stating the state of	DUE TO  G  H  OF  OF  OF  OF  OF  OF  OF  OF  OF	20 A. AUTOPSY? (Yes or N	(o) 20B. IF YES, WEF	RE FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFIC	DISEASES OF THE DISEASE OF THE DISEA	plicotion which caused ANTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last.	d death.) S ony, giving stating the contribution of the contribution for the contribution of the con	DUE TO  G  C  O  O  O  O  O  O  O  O  O  O  O  O		(o) 20B. IF YES, WEF	RE FINDINGS CONSIDERED
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was D.O.A. at a liospital (except where the physician who pronounced death was in regular attendance on the the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

		(15) A A 5)	31	BALTIMORE CIT	Y HEALTH DEPA	RTMENT		/ [	· ( · · · · · · · · · · · · · · · · · ·
BIRTH NO	· .	66 1176	) (	CERTIFICA	ATE OF D	EATH	Registered N	oO	0 11/0
M.E. CAS							WOULD OF STATE	P11	
(Type or P	OF DECEASE	=+1.	C	1 CVD CT 10		11.	HOUR OF DEAT	i H	n.
	IV	yvile	000	MYRTLE				0-66	11:05 P.
3. PLACE	OF DEATH	IN BALTIMORE, N	ARYLAND		A. STATE	B. COUNT		f institution: resi	dence before admissi
ELLI N	NAME OF	Of not in bosnits	al as institution of	stead	1300	1			0000
HOSPIT	NAME OF	oddress or locot	ol or institution, gr ion)	ve street	C. CITY OR TO	WN (If out	ide city limits, wri	te PIIPAL and	nive township)
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75		n n	C -1	1 (0	D. SIREET ADT	DKE 22 (11 L	orol, give location)	29 A	
1	May	Jaul	beu	1 Costs		16	Bry	25/14	
5. SEX	6. R.	CE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIR		AGE (In years	If Under 1 Months: D	Yr. If Under 24 F
-		(A)	WIDOWED,	DIVORCED (specily)	13-d	6-11	55	TVIOIIII'S	075
IOA. USU A	AL OCCUPAT	ION (Give kind of w	ork 108, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	E (State or foreign	n country)	12. CITIZE	N OF
		ng life, even il retired			11	_		WHAT	COUNTRY?
-	Cres	o wel			Je	etcea		V	3.
3. FATHE	ERS NAME	V			14. MOTHER'S	MAIDEN NAM	E		
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	well	1 www	*****	WHITE			TURNER		
5. Was C	unknown)((f	in U. S. Armed F	orces?	1 6. SOCIAL SECURITY NO.	17. INFORMAN				DDRESS
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E TO	THE DEAT	H BUT NOT RE	LATED TO THE			_			
U 19A.	DATE OF OPI	DITION CAUSING		HICH OPERATION	120A. ALITOP	SY? (Yes or No)	20B. IF YES, WEI	PE FINDINGS C	ONSIDERED
19A.E	5412 01 011		ERFORMED	THE STERMINE		31	IN CERTIFYING	CAUSES OF DE	ATH?
ex ()			In loss				(H 1 B 12	0	
OP C		VAS UNDERLYING		PLACE OF INJURY (e.g., e, form, foctory, street,	office bldg, INJUR	Y OCCUR?	ill in Bollin	nare City, give	exact (acahan)
DEAT	H (notify med	lical examiner)	etc.)						
21D.	TIME (M	onth) (Day) (Yea	(Hour) 21E	INJURY OCCURRED	21 F. H	JUN DID INJU	RY OCCUR?		
W OF IN	AJURA		While	e At Not Wh	ile 🗂				
(APP	ROX.)		Work		1 2		11	1, 1	1
22. 1	certify that	(1) (this hospit	al) ottended the	e deceased from	10/24	1	66 to	11/2	0 19
		saw the deceo		1 4 1	19 6	O and sha	4 in (mu) (aus)	aninian dooth	occurred on the
				11.		-	1 111(111) (001)	spriiron deorn	occorred on the
ond I	hour and fro	m the couses st	oted above. (1)	(We) (did) (did not)	view the bady o	ofter death.			
23A. S	SIGNATURE	Λ -	- 01			_		23B. DATE	SIGNED
()	NILL	1001	ALLIPE	M.D. AI	tending		hys.	1	120110
23 C	PHYSICIAN'S	J, CC	00.000	- "	23D. ADDRESS	Director	пуз.		140166
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	o wie	IC. L	J. / Rei	CSON~ M.D	42	12	sold	y au	
	IAL CREMAT		24C. NA.	ME of CEMETERY OF C	REMATORY	24D. LC	CATION	(City, town, or	county) (Stote
REM	OVAL (Speci							Co. I	
	rial	11-25-		1 Co. Memori	al Park	Gai	nesville,	Georgia	1
25A. DAT	E REC'D BY		25B. NAME OI	- 954 A		AL DIRECTOR			ADDRESS
	N	NV 25 198	B 120 B	- E stable Mil	George	J. Gond	e-4001 Ri	tchie He	wy. Baltim

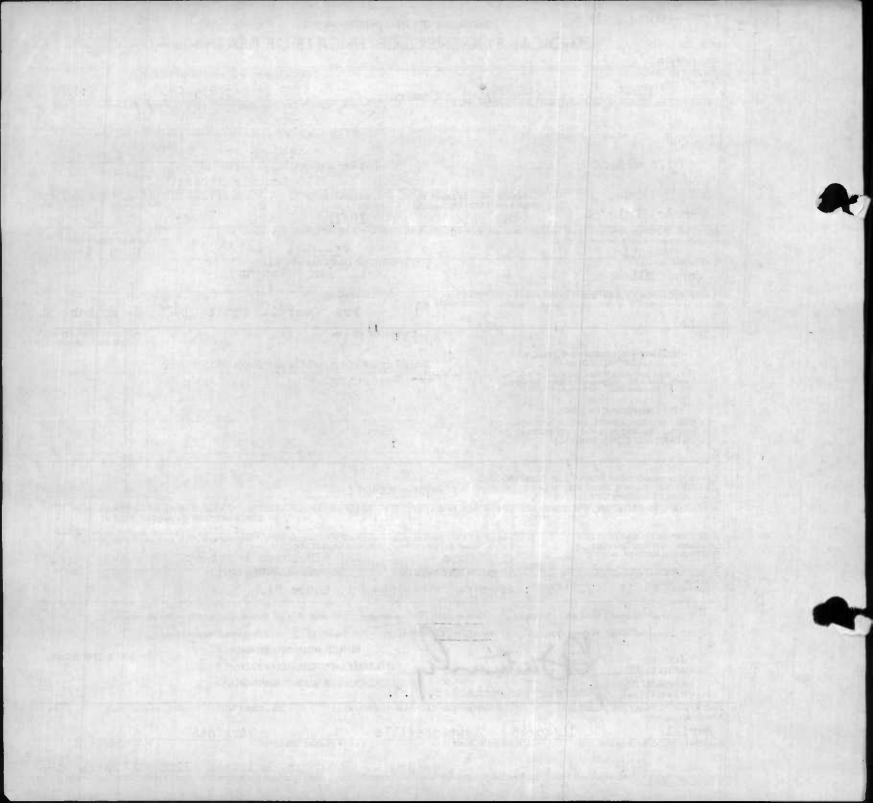
25 1966 VS 150-REV. 1/1/65

George J. Gonce-4001 Ritchie Hgwy., Baltimore

5-63	66 11768  BIRTH NO.  MEDICAL EXAMINER'S CERT  M.E. CASE NO.	EPARTMENT TIFICATE OF DEATH Registered No. 66 11768
5-630	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	LETHIA (SAWERD) Seward	November 22, 1966 8:15 P _M .
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. U.A. S	SUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY  Maryland
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	CITY OR TOWN (If outside corporate limits, write RURAL and give township)



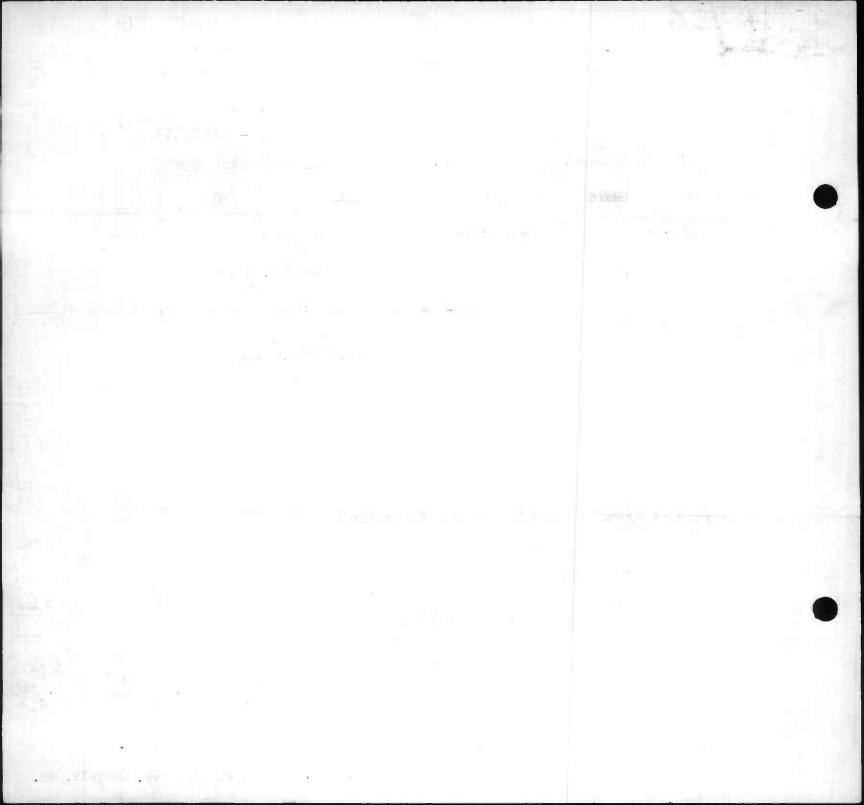
M.	E CASE NO.										
	NAME OF DECEASED					2. DATE AND HOUR PRONOUNCED DEAD					
	LE	THIA	SAWER	Sewarro	November 22, 1966 8:15 P _M .						
3. F	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY					mission)		
HO	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			C. CITY OR	Maryland	e corporate lim	its, write RL	JRAL ond give	to wnshi	p)	
INS	TITUTION					Baltimor	0	11	-6A		
	201 Pr	ovident Hospi	tal		D. STREET A	DATETINOT	_		0		
-	7/					613 Lanv		eet			
5. 3	EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF		9. AGE (I		Under 1 Yr.	If Under	24 Hrs.
	Female	Colored	WIDOWED, D	DIVORCED (specify)	30/2	,	lost birthd	oyl A	Nonths Doys		
104		CUPATION (Give kind of work		rated	10/1/	CE (State or Intelio		11	2. CITIZEN OF		
		working life, even if retired)	NIND OF	BOSHIESS OR HIDDSTRI			in country?	Ma I	WHAT COL	JNTRY?	
20		estic				rginia			US	A	
13.	John	Blick			Lilli	s Malden Nam Lan Vaug					
15.	WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMA	NT		A	DDRESS		
(Yes	no or unknow	nl (If yes, give wor or dote	s of service)	SECURITY NO.	Mrs	Georgia	Wyatt	1926	W Mos	her	St
	18.	604,320	0	CAUSE	OF DEATH					VAL BET	
	DISEA	ASE OR CONDITION DI	RECTLY						ONSE	1 2110	DLAIR
	/=: .	LEADING TO DEATH		(A) Confla	gration	with Car	bon Mon	oxide			
	heort foilure	not meon the mode of e, osthenio, etc. It meons omplication which coused o	the disease.	- DOLLO- Po	isoning						
		ANTECENIDENT CALLER	c								
		OR CONDITIONS, IF A		(8)		••••					
	RISE TO TI	HE ABOVE CAUSE (A) ST		DOL 10					30 147		
z	ONDERLI	ING CONDITION LAST.		(C)	******************					-0	
은		11									
FICATION	TO THE	CHIFICANT CONDITIONS DEATH BUT NOT REL	LATED TO TH		thylism						
ERTIFI		OF CONDITION CAUSING		WHICH OPERATION	20A. AUTO	OPSY? (Yes or No)	20B. IF YES.	WERE FINDI	NGS CONSID	ERED	
12	0	WAS PER					IN CERTIFYIN				
X	21 A. EXTERN	AL CAUSE WAS	21 B,	PLACE OF INJURY (e.g.,	in or obout 21	C. WHERE DID	(If in Boltimore	City, give	exoct location)		
EDIC		SOR CONTRIB- USE OF DEATH.	etc.l	, form, foctory, street, o		613 Lanva	le Stre	et.	17	-12	
ıΣ	21 D TIME	(Month) (Dov) (Year	r) (Hour)  2	E. INJURY OCCURRED		F. HOW DID INJU	And the last of th		_/_/_	100	
	OF INJURY (APPROX.)	11 22 '66	7:42P w		WHILE	House Fir					
	22. I ce	rtlfy that I held on I			apsy [	ond that on thi	Is bosis, de	oth In my	oplnion		
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	SIGNA"		1 us us	M.D							
	NAME			enecker, M.D.		E MEDICAL EX	XAMINER _		11	/23/6	56
	MOVAL (Speci		230	C. NAME of CEMETERY	CREMATOR	Y 23 D. L	OCATION	(City, to	wn, or countyl	(S	itote)
11 .	Burial		26/66	Lawrencevil	Le		Virgini	a			
24	A. DATE REC'I	D BY HEALTH DEPT.		OF REGISTRAR		NERAL DIRECTOR			ADDRE	55	
		NOV 25 1966	Q.O. 1	E Farberma	Ado	lphus Ha	alstead	1206	W Nor	rth	Ave
1 200	2 52 0 514 2 /2	1/15	1	1 1 1	12						



156 00 1	1769	BALTIMORE CITY	HEALTH DEPARTMENT	Т	66 11769
M.E. CASE NO.	1700	CERTIFICA	TE OF DEATH	Registered No	00 11763
1. NAME OF DECEASED	ANET G.	HEFFNER		11 22 66	250 PM
3. PLACE OF DEATH IN BAL	TIMORE, MARYLAND		4. USUAL RESIDENCE	Where deceased lived, If ins	stitution: residence before admission)
HOSPITAL OR oddre	ot in hospitol or institution, ess or locotion) ore City Hosp		C. CITY OR TOWN	, BALTIMORE ( If outside city limits, write R R — EDGEMERE	
4940 E	astern Avenue ore, Maryland		BALTIMORI D. STREET ADDRESS 2811 WEL	(If rurol, give location)	53-00
5. SEX 6. RACE WITT	7. MARRIED	D, NEVER MARRIED ED, DIVORCED (specify) RRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Gidone during most of working life, a				foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
LANDIS S. MOS	SEL		MILDRED E	E. NEGHY	
15. Was Deceased Ever in U.  Yes, no or unknown) (If yes, giv	S. Armed Forces?	1 6, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		217-34-6409	RECORDS: BC1	BALTIMORE,	, MARYLAND #21224
18. / / _ /		CAUSE O	F DEATH		INTERVAL BETWEEN
	IDITION DIRECTLY		at t	-	ONSET AND DEATH
The state of the s	TO DEATH	(A)	astrocyt	ome	
(This daes not meon the heart foilure, asthenio, e	Ic. II means the disease				
injury at complication w		(B)	•		
	NT CAUSES	DUE TO			
rise to the abave	TIONS, if any, giving cause (A) stating the				
UNDERLYING CONDITI	ON last.				
OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION	NOTIONS CONTRIBUTION OF THE PROPERTY OF THE PR	NG HE			
U 19A. DATE OF OPERATION	19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CAL	INDINGS CONSIDERED
U 21A. A CCIDENT WAS UN OR CONTRIBUTING CA	DERLYING 21	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of	or obout 21 C. WHERE DI	D (If in Boltimore	City, give exact location)
DEATH (notify medical ex	100	с.)			
21D. TIME (Month) (	W	E. INJURY OCCURRED  /hile At Not While	e —	INJURY OCCUR?	, 3
		/ork ☐ At Work	8	(at 11	122 61
thot (the (we) lost saw					nion death occurred on the date
	couses stated above.	(1) (Wa) (did) (did not) v	lew the body ofter dec	oth.	
23A. SIGN AFÚRE	illip L.	Phy		Stoff Phys.	11/22/66
23C. PHYSICIAN'S NAME (Type)	ILLIP L.	HALL M.D.	DALTIM	EASTERN AVE.	BALTIMORE; MD. #2.
24A. BURIAL CREMATION, 2 REMOVAL (Specify)	4B. DATE 24C.	NAME of CEMETERY or CRI	MATORY 24	D. LOCATION (Cit	ly, town, or county) (State)
Burial		adowridge Memor	rial Park		ey Md.
25A. DATE REC'D BY HEALTH	25 1966 R.C.	of REGISTRAL FORDERMA			ve. Dundalk, Md.

John J. Duda 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/65



EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED.

PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY.

BALTIMORE	CITY	HEALTH	DEPARTMENT
		1100	m m1 1/1/2/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/

Registered 1	100	11	770	_
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	(4) 44550	BALTIMORE CITY HEALTH		66 11770				
BIRTH NO. CERTIFICATE OF DEATH  Registered NO. 0 1.								
	NAME OF DECEASED Ruth	T Duvall	2. DATE OF DI 2.3 %	ov. 66				
3.	PLACE OF DEATH IN BALTIMO FULL NAME OF HOSPITAL OR INSTITUTION  PLACE OF DEATH IN BALTIMO (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	USUAL RESIDENCE (Where deceased lived. II institut     A. STATE     B. COUNTY     C. CITY OR TOWN     (If outside city limits, write)	40 /				
	00 Bachin	nehav av.	C. CITY OR TOWN (If outside city limits, write RURAL and give township)  D. STREET ADDRESS (If rurel, give location)  4 209 Norsfaw An.					
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Mannes	8. DATE OF BIRTH 22 July 1909 57	If Under I Yr. If Under 24 Hrs. Months Deys Hours Min.				
	A. USUAL OCCUPATION (Give kind of woone during most of working life, even if retired # W		Processille, md.	12. CITIZEN OF WHAT COUNTRY?				
13.	Wesley Rober	ta	LAULA White	m 6				
	. Wos Deceosed Ever in U. S. Armed Forces as, no or unknown) (If yes, give war or det O		Denjamin 7. Duvall	4207 Hans have Backmine 2121				
	DISEASE OR CONDITION DIR		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
	(This daes nat mean the made af d heart failure, asthenia, etc. It means t injury ar camplication which cause	he disease.	SCVD; ACVD.	······				
NOI	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the above cause (A) st UNDERLYING CONDITION last.		iabets Mellitus					

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. IF OPERATION WAS RELATED TO 19A. DATE OF OPERATION

CERTIFICA CAUSE OF DEATH, ENTER IN PART I OR PART II

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

21D. TIME OF INJURY

(Hour) WHILE AT WORK

21B. PLACE OF INJURY (e.g., in or ebout home, lerm, lectory, street, office bldg., 21E. INJURY OCCURRED

22. I certify that (1) (this hospital) attended the deceased from 23 New 1986 that (1) (we) lost say

that (1) (we) lost sow the deceased alive on ...

YES NO [ (II in Beltimore City, give exect location)

20. AUTOPSY?

m. from the couses and on the date stated above. ond that in (my) (our) opinion death occurred at ...

Reisterstown Methodist

ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 24B. DATE 24A, BURIAL, CREMATION,

66

REMOVAL (Specily) Burial 25A. DATE REC'D BY HEALTH DEPT.

11/26/66

1966 Robert E, Falley M. M.

25C. FUNERAL DIRECTOR

19B. CONDITION FOR WHICH OPERATION

21C. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

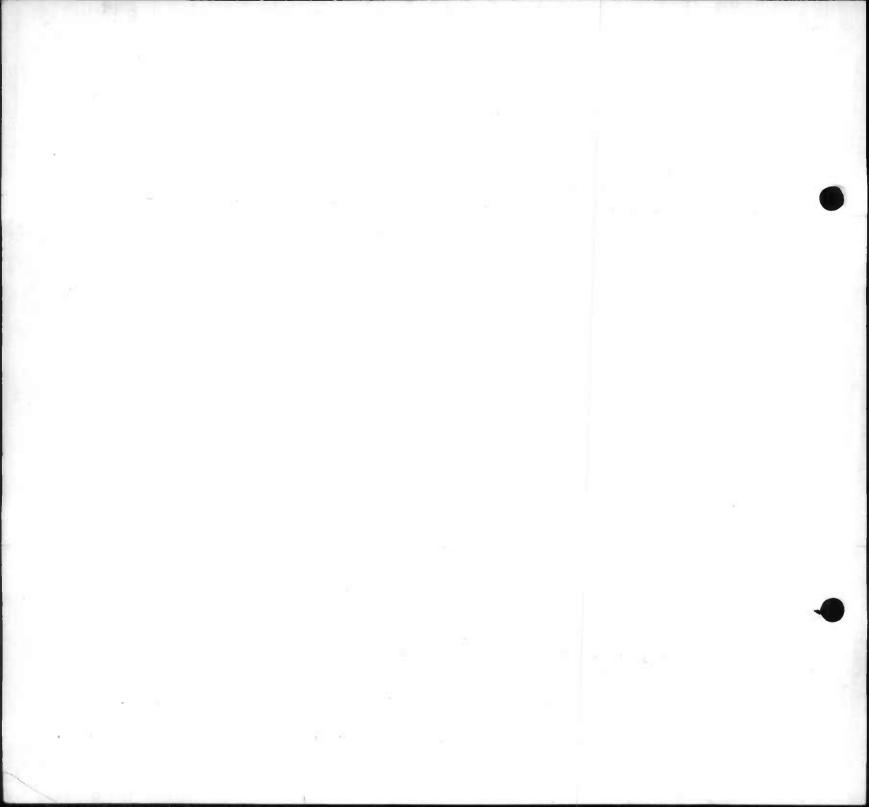
WAS PERFORMED

ADDRESS

J. F. Eline & Sons Reisterstown, Md.

Reisterstown, Md.

VS 150



24A. BURIAL CREMATION. REMOVAL (Specify)

Burial

VS 150-REV. 1/1/65

Such

death.

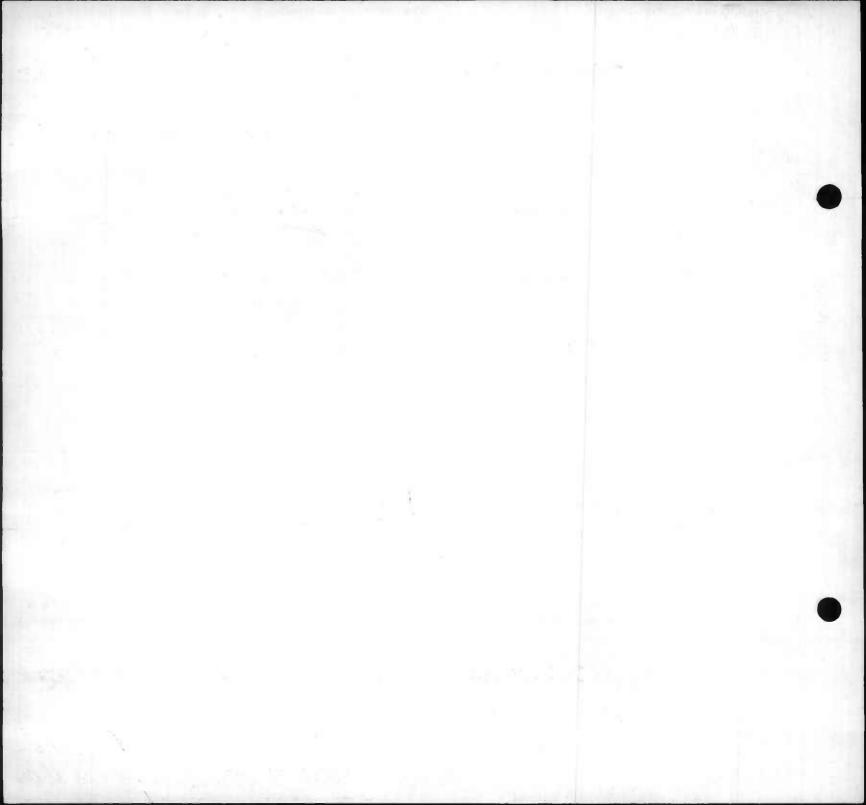
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a hospital and

-		00	BA	LTIMORE CITY	HEALTH DEPARTMENT		66	4 4 17 14
	H NO.	66 11771	CE	RTIFICA	TE OF DEATH	Registered Na	00_	
1, N	CASE NO.	ASED			2. DATE	AND HOUR OF DEATH	Н	
(Тур	e ar Print)	John	Howell		11	/21/66		7:05 A M
3. P	LACE OF DEA	TH IN BALTIMORE, MA			4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If	institution: reside	
H	ULL NAME OF	F (If not in haspital address or lacation	ar institution, give street )		Maryland	autside city limits, write	RURAL and give	e tawnship)
3	3				Williamsh	urg (If rura(, give lacation)		9-00
	The Jo	hns Hopkin	s Hospital		Route 1.	Box 100		
5. S		6. RACE	7. MARRIED, NEVER M		B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Y Manths: Day	r. If Under 24 Hrs.
IV	Tale	Negro	Married	(specify)	5/11/39	27	TVIOIIIII'S DOY	
				OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN	OF
dane		varking life, even il retired)			Elton Eloni	al a	100	COUNTRY?
	Day lab		Canning Fa	ctory	Elton, Flori		0.	S.A.
13. [	FATHER'S NAM				14. MOTHER'S MAIDEN N	IAME		
		James Howel	.1		Ella Thom	as		
		Ever in U. S. Armed Far			17. INFORMANT		AD	DRESS
(1 e s	No	((f yes, give war ar date		8-0203	Mrs. Norma Ho	well, Hurlock	, Md. R.	D.#1-Box100
	1	0.01	ECTI V	CAUSE O	O A			RVAL BETWEEN ET AND DEATH
-		E OR CONDITION DIR LEADING TO DEATH	ECTLY	1	1 CEMIA			
		al mean the made of	dying, e.g.,	DUE TO				
		asthenia, etc. It means plication which caused						
			dedili,/	(B)	***************************************			
		ANTECEDENT CAUSES		DUE TO	<del>20 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 </del>	**- **********************************		
		R CONDITIONS, if above cause (A)		(C)				
		CONDITION last.					***************************************	***************************************
TION	TO THE DI	II FICANT CONDIT(ONS C EATH BUT NOT RELA CONDITION CAUS(NG (	TED TO THE					
RTIFICA	19A. DATE OF		DITION FOR WHICH O	PERATION	20A. AUTOPSY? (Yes or	Na) 208. IF YES, WERI	E FINDINGS COL	N SI DERED IH?
144	2) A CCIDE	IT WAS UNDERLYING	2318 81 465 0	F 15111159/- :	YES	/// '- P-Is	nie City, give ex	
_	OR CONTRIBU	TING CAUSE OF medical examiner	hame, farm, f	actary, street, a	ffice b(dg., INJURY OCCUR?	th in bolling	are City, give ex	Jet Ideawan)
144	21 D. TIME OF INJURY	(Manth) IDay) (Year)	(Hour) 21E INJURY	CCURRED	21 F. HOW DID I	NJURY OCCUR?		
2	(APPROX.)		While At	Not Whil At Wark	е			
	22. I certify	that (1) (this haspital	) attended the decea	sed from	1/1/66	19ta	1/2/	1966
		last saw the decease			19 1- C and	that in(my) (aur) a	ninian death a	
					•-		piuii deujii d	. control on the dur
			ed deove. (I) (We) (d	ta) (dtd not) v	view the bady after deat	h.	100 B 4 7 5	CNEDA
	23A. SIGNATO	MATY	ton	M.D. Att	ending Med.  S. Director	Staff Phys.	23B. DATE SI	1/66
	23C. PHISIGIA NAME (T		ilcon	M.D.	23D. ADDRESS	4		
24A	BURIAL CREA	MATION, 1248, DATE	24C. NAME of C		EMATORY 124D	LOCATION (	City, tawn, ar ca	unty) [Statet

11-25-66 East New Market Cemetery East New Market, Maryland Near NOV 25 1966 P. Back & Salary J. J. Framptom and Son, Federalsburg, Md. 12 20/66 - linderlying cause of memia pyel mephritis Des Troleien from IN H american Blay ge

	BALTIMORE CITY	HEALTH DEPARTMENT		66 11772
		TE OF DEATH	Registered No.	00 11/15
1.NA	ME OF DECEASED AND E BLANCHE A	11 CLER 2. DATE AND	8-66	1845 14
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If institu	ution: residence before admission)
H	ILL NAME OF (If not in hospital or institution, give street DSPITAL OR address or location) STITUTION	C. CITY OR TOWN (If outsi	de city limits, wiite RUR	AL and give township)
	3.10.10.1	JESSU	P	63-00
3	SUVIVERSITY HOSBITOL	D. STREET ADDRESS (If TO	tol, give location)	
5. SE	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		AGE (In years It birthdoy)	Under 1 Yr. If Under 24 Hrs.
	JSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote & foreig	n čauntry) 1	2. CITIZEN OF WHAT COUNTRY?
	ATHERS NAME	14. MOTHER'S MAIDEN NAM	resell, Va	084
13. 7.		ro 1	7	00
15. W	as Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17: INFORMANT	lee /m	ADDRESS
	or unknown) (If yes, give war or dates of service)  SECURITY NO.	U. 4080	MOC.	AGDICA
1	B. CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11 1 . 6	In landi	
	This does not mean the made of dying, e.g., DUE TO	My ocer deal	Juferen	)
	heort foilure, asthenio, etc. It meons the disease, injury at camplication which coused deoth.)	V	U	
	ANTECEDENT CAUSES (B)		~~~~~~	
	DISEASES OR CONDITIONS, if ony, giving			
	ise to the abave cause (A) stoling the (C)UNDERLYING CONDITION lost.			
	II			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
CA	DISEASE OR CONDITION CAUSING IT.  9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES. WERE FIN	DINGS CONSIDERED
ERTIFIC	WAS PERFORMED	20 A. AUTOPSY? (Yes of No)	IN CERTIFYING CAUSE	S OF DEATH?
0	PRANACCIDENT WAS UNDERLYING   21 B. PLACE OF INJURY (e.g., home, form, foctory, street, of the control of the c	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exact location)
0	1D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
5	APPROX.)  While At Not Whi Work At Work			
1	2. 1 certify that (1) (this hospital) attended the deceased fram	NOU 10 15	66, Noc	18 10 lots
	hat (I) (we) last saw the deceased alive an 1000 18	19 66 and the	In (my) (aur) opinia	n death accurred an the dat
	and have and from the couses stated above. (1) (We) (did) (did nat)			
	3A. SIGN ATURE		23	B. DATE SIGNED
	Joseph S. VIIC Truckelin.D. At	rending Med. S	tafl hys.	10018 1960
1	3C. MYSICIAM'S NAMA (Type)	23D. ADDRESS		1
	Joseph S Mc Laughlin M.D.			
24A.	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City,	town, or county) (State)
1	Jurial 11-21-66 1- 1 Reneal	In Cem Ca	lmar 1	hanar Mil
25A.	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	0,	ADDRESS
	Tally MA	New itt	Jarrelan	in famel h
V\$ 1	50-REV. 1/1101 25 1966 (Colour 2)			



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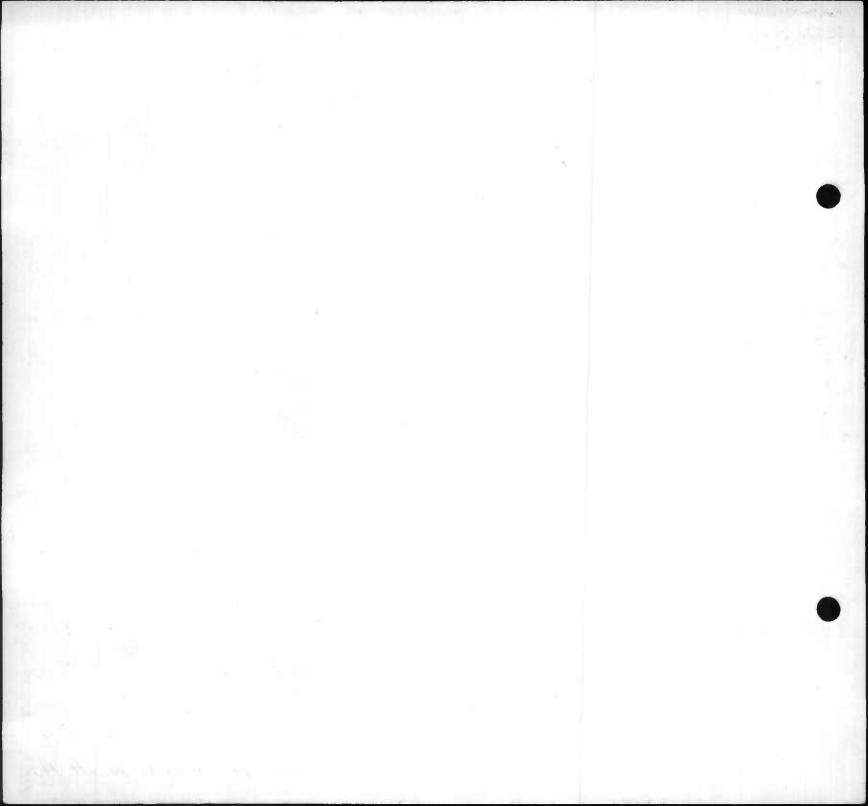
D.O.

shows: Was

An accident

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where Beceased lived. If institution: residence before admission) B. COUNTY (If not in hospital or institution, give street Du FULL NAME OF HOSPITAL OR oddress or location) C. CITY aytside city limits, write RUKAL and give tawnshiple Baltimore Hity Mospitals INSTITUTION 4940 Eastern Avenue D. STREET ADDRESS (If rural, give lacation) Baltimore, Maryland #21224 SWUY Street made 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. Months Days Hours WIDOWED, DIVORCED (specify) last birthday) emale Vegro arried 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State 12. CITIZEN OF or fareign country) isposition WHAT COUNTRY2 done during most of working life, even if retired) 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME T 15, Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, na ar unknawn) (If yes, give SECURITY NO. RECORDS: BCH BALTIMORE. MD. 6 CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., hearf failure, osthenia, etc. It means the disease, regular injury ar camplication which coused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, il ony, giving to the above couse (A) stoling the UNDERLYING CONDITION last. remains ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPS/Y? (Yes ar Na) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED ū 2TA. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (natify medical exominer) MEDI obtained 21 D. TIME (Month) (Day) 21F. HOW DID INJURY OCCUR? (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY While At Nat While (APPROX.) Wark At Work 22. I certify that (1) (this haspital) attended the deceased/fram that((1))(we) last saw the deceased alive an pe and that is (my)) (aur) apinion death accurred on the date must and have and from the causes, stated above (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending M.D. Med. Staff Phys. Director approval PHYSICIANS 23D. ADDRESS 4940 Eastern Avenue NAME (Type) 50 m Baltimore, Maryland 24A. BURIAL CREMATION. DATE 24C. NAME of CEMETERY 24D. LOCATION

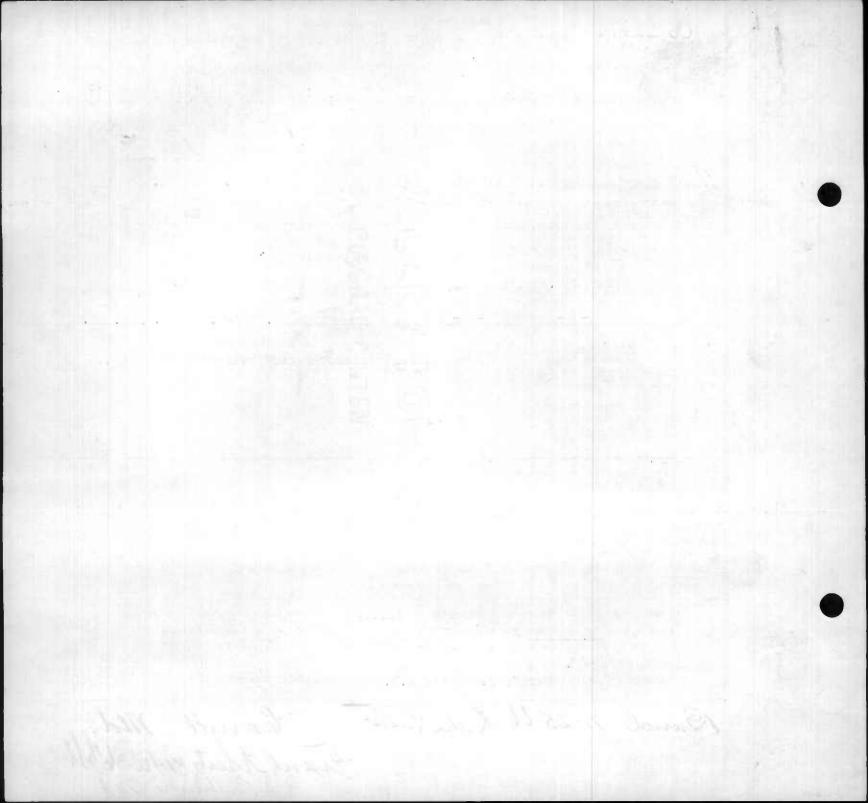
REMOVAL (Specify) 25C. FUNERAL DIRECTOR



BALTIMORE CITY HEALTH DEPARTMENT

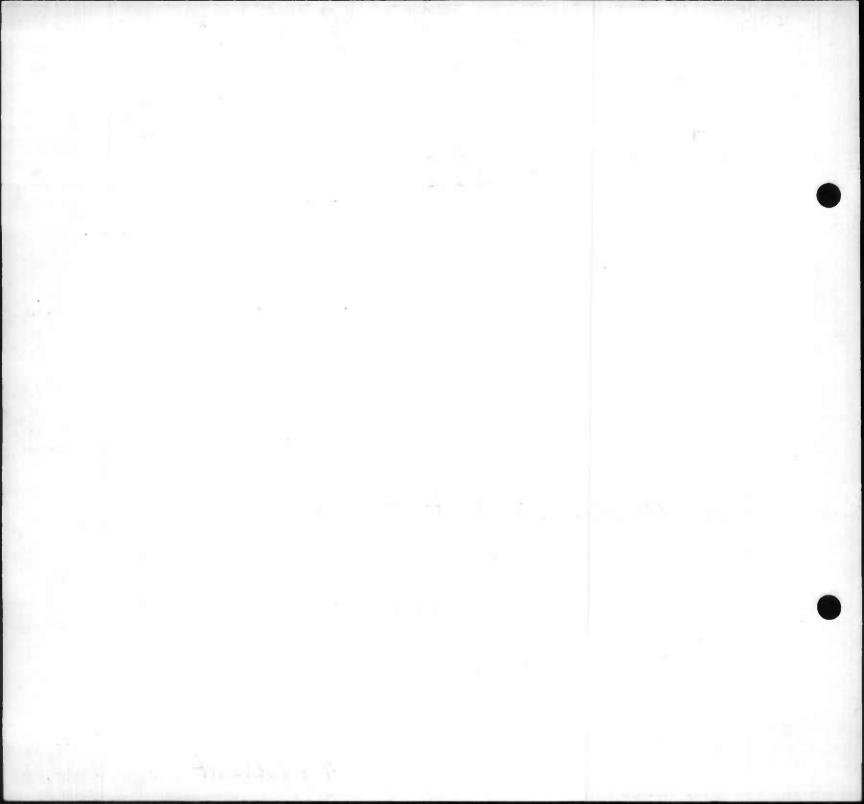
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.							
NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD
		lbert C. S				11/21/	66   2:20 p.
ULL NAME OF		D, WHERE PRONOL  DSPITAL OR INSTITUTE  LOCATION)	UNCED DEAD	C. CITY OR TO	Mary	Land  corporate limits, write  pre    3	titution: residence before admis UNTY  e RURAL and give township)
TOM	arvland Ge	neral Hosp	ital		708	8 W. 36th S	st.
. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIR		9. AGE (In years	If Under 1 Yr. If Under 24
	white	Max	DIVORCED(specify) rried	9/21/	/1910	56	Manths Days Hours M
one during most of	working life, even if recomobile Spi	lired)	BUSINESS OR INDUST		Md.	country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAA	ΛE			14. MOTHER'S A	AAIDEN NAME		
	Howard D EVER IN U.S. A		16. SO CIAL SECURITY NO.	17. INFORMANT	Virgin	nia Thompso	On ADDRESS
no	-	- 218	-01-8105	Doro	thea F. S	mith. 708	W.36th St.
DISEASES RISE TO TH UNDERLYII		used death.)  AUSES I IF ANY, GIVING (A) STATING THE AST.  IONS CONTRIBUTING T RELATED TO T					
19A. DATE OF		CONDITION FOR Y	WHICH OPERATION	yes		OB. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
UNDERLYING	CAUSE WAS OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., farm, factory, street,	office bldg., INJUI	WHERE DID (I	f in Baltimare City, g	ive exact location)
21D TIME OF INJURY (APPROX.)	(Month) (Doy)	v	VHILE AT NO	T WHILE WORK	DENI DID WOL	RY OCCUR?	
22.	aifu ahaa 1 hald -			42	ad that a= 41.5	hanin dasah ta	my eninten
	tify that I held o Ited from: Noture		Suic			s bosis, deoth in r ndetermined monn	
ACTUA SIGNAT	URE //WZ	urh.		D. ASSISTANT		AMINER 🔀	DATE SIGNE
EXAMIN NAME (	Type)		Spitz, M.	0			11/22/66
23A. BURIAL CRE REMOVAL (Specif	"al 11-	25-66	C. NAME OF CEMETER	ew	Con	arroll (City	town, or county) (Stote
	NOV 25 19	66 Result	E Farbury	41	anh	telect 8	14W36 St.
/S 151-REV. 1/1/	/65	1	· 1	7 1	7 9 0	Pall Na	2. Wed



		FUNERAL DIRECTOR: IMPORTANT	L DIRE	CTOR:	IMPO	RTAN	_			
This certificate must be approved by the chief medical examiner or his assistant if death occurred in	roved by th	ne chief me	dical ex	caminer	or his a	ssistant	t if dec	ath oc	curre	- P
the body was released to the hospital by a medical examiner. Also, if the direct or contributing	he hospital	by a med	ical ex	aminer.	Also, if	the di	rect of	r con	tribut	ing
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cal	y nature; (	2) Body bu	rns; (3)	A fractu	re of any	/ kind;	(4) Une	deteri	mined	000
was D.O.A. at a hospital (except where the physician who pronounced death was in regular att	xcept when	re the phy	sician v	vho pro	nounced	l death	Was	in re	gular	att
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior	oN (9) pur	physician	was in	regular	attendo	ince on	the d	deceas	sed p	rior
written approval must be obtained before the remains are embalmed or final disposition is made.	btained be	fore the rer	nains a	re emba	Imed or	final d	isposit	ion is	made	

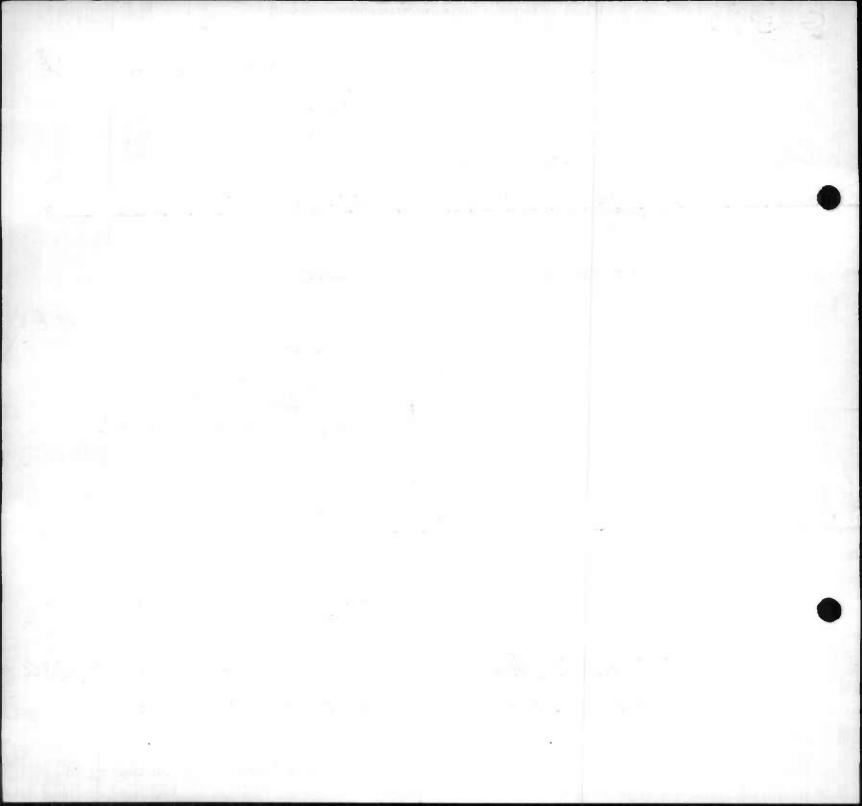
1010 66-25354 1775	BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO.  M.E. CASE NO.  1. NAME OF DECEASED  (Type or Tight)  3. PLACE OF DEATH IN BALTIMORE,	CERTIFICA	TE OF DEATH Registered No. 66 11775
M.E. CASE NO.  1. NAME OF DECEASED  (Type or fig.)	9/1	2, DATE AND HOUR OF DEATH
Type or from A D L STEP OF DEATH IN BALTIMORE A	1 Urbancic	11-22-66 6 A
3. PEACE-OF BEATH IN BALTIMORE	AAKICADID	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY
HOSPITAL OR address or loca	ol or institution, give street	Maryland Baltimore  c. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION	9/ 1/2	Owings Mills
B 17/ 100 C11	Lasatal	D. STREET ADDRESS (If rural, give location)
THER CY	Joseph Col	6 Eastgete Court
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 H Months; Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of w	Never Married ork 108, KIND OF BUSINESS OR INDUSTRY	Nov. 21, 1966 1 day 1
done during most of working life, even if retired	N/A	WHAT COUNTRY?
N/A 13. FATHERS NAME	N/A	Baltimore, Maryland U.S.A.
Donald W. Urba	ncic	Ruth Schroeder
15. Was Deceased Ever in U. S. Armed	Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or d	otes of service) SECURITY NO.	Mr. Donald W. Urbanic 6 Eastgate Ct. Owings Mills. Mc
18.	CAUSE O	F DEATH OWINGS MILLS MO
DISEASE OR CONDITION	DIRECTLY	ONSET AND DEATH
(This does not mean the made	(A) VCVV	wholas and algorouse the
heart failure, asthenia, etc. It mea	ns the disease,	
ANTECEDENT CAUS	FS (B) 4	Mustin Milmonia 22 Mi
DISEASES OR CONDITIONS, i	DUE TO /	al wat A is & week
rise to the above cause (A		DY MUSILING & I Della
11		welling charge
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE	CONTRIBUTING	
DISEASE OR CONDITION CAUSING	G IT	20 A. ALITOPSYZ (Yes, or No.) 208. IF YES, WEDE EINDINGS, CONSIDERED
5 1/2/4/1/22/66 WAS P	ERFORMED OF WHICH OPERATION OF THE PROPERTY OF	20A- AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21 C. WHERE DID  (II in Ballmore City, give exact location) fice bldg. MAJURY OCCUR?
DEATH (notily medical examiner)	etc.)	
21D. TIME (Manth) (Day) (Yes		21F. HOW DID INJURY OCCUR?
(APPROX.)	While At Work Not While At Work	
22. I certify that (I) (this hospi	tal) attended the deceased from	1/2/ 1906 to 1/25 1900
that (I) (we) last sow the decea	sed olive on // 2 J	19 and that in(my) (our) opinion death occurred an the d
	toted obave. (I) (We) (did) (did not) v	
23A. SIGNATURE		nding Med. Stalf A 23 B. DATE SIGNED
23C. PHYSICIAN'S	Phy	s. Director Phys A
NAME (Type)	M.D.	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stotel
Burial 11/23	/66 Woodlawn Ceme	tery Woodlawn, Beltimore Co., Md
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
Walso Bry 1/2001 A E 40CC	ho FE Fallents	Hof Zhhardt Owings Mills, M
VS 150-REV. 1/ NOV 25 1960	appear -	· · · · · · · · · · · · · · · · · · ·



VS 150-REV. 1/

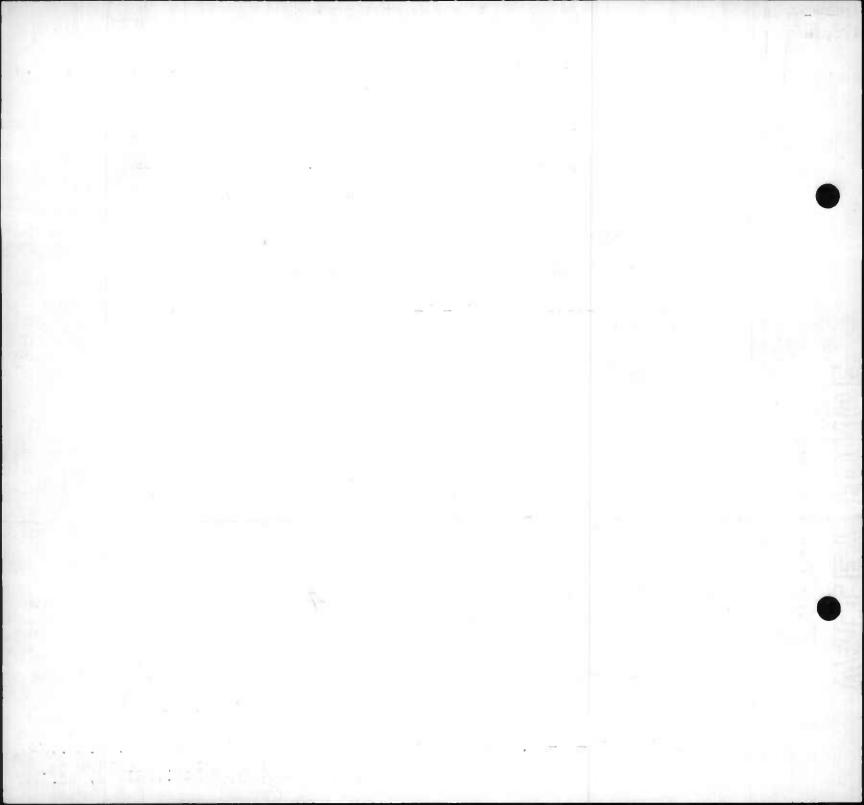
montgenery Co. m.	BALTIMORE CITY	HEALTH DEPARTMENT	1	66 11776
WIRTH NO.		TE OF DEATH	Registered No	
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE	AND HOUR OF DEAT	H , m
John D. Ganley		No	vember 21	19/1 -48
B. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admiss
		A. STATE B. COL	INIA	1 · A B
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)	lution, give street	Maryland	auteida aitu timite uuit	e RURAL and give township)
INSTITUTION				70
3.0		Smithsbur	If rural, give location)	11-00
The Johns Hopkins 1	Hospital			
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24
W	DOWED, DIVORCED (specify)		lost birthdoyl	Months Doys Hours Mir
Male White  OA USUAL OCCUPATION (Give kind of work 108, K	Single	12/16/63 11. BIRTHPLACE (State or fo	2	12. CITIZEN OF
one during most of working life, even if retired)	NAD OF BOSINESS OK INDOSEKE	III. BIRTHI LACE (Stole of to	reign country)	WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Edward Ganley		Dot-t		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Betty 17. INFORMANT		ADDRESS
(es, no or unknown) (If yes, give wor or dotes of s	ervice) SECURITY NO.			
18. 583 X I		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTL LEADING TO DEATH	CR	AM NECAMI	CPT.	
(This does not mean the made of dying	(A) G/\/	Mr. 1. T. C. WALLO	E SEMIC	
heart failure, asthenia, etc. It means the d	isease,		-	
injury or complication which caused death	" He	enatitie	Failure	,
ANTECEDENT CAUSES	DUE TO	AN NECATIL patitic rowic progress		
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	giving the	NINIC DEOSCESS	IVE board	d House titie
UNDERLYING CONDITION last.	9	100		.3.785
11				
OTHER SIGNIFICANT CONDITIONS CONTR	BUTING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
1 / NOV 66 POKTAL	HYPEKTENSON	YES		
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o	in or obout 21 C. WHERE DID	(If in Boltim	note City, give exact location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Dov) (Year) (Hou	1) 21E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJURY (APPROX)	While At Not Whi			
	Work At Work	10 100	pp	1110
22. I certify that (I) (this haspital) atte	nded the deceased from	10/27	19 6C to	1/2/ 19.6
that (I) (we) last saw the deceased all	/e on // / / /	19 6 6 and	that in (my) (aur) a	pinian death occurred an the
and hour and fram the couses stated ab	iove. (1) (We) (did) (did nat)	view the body ofter death	1.	
23A. SIGNATURE				23B. DATE SIGNED
William B A	Mus M.D. Att	ending Med. Director	Stoff Phys.	November 21 19
23C. HYSICIAN'S	(11)	23D. ADDRESS	.,.,.	J. J
NAME (Type)	M.D.			
William B. Iam	IS	The Johns H		
24A. BURIAL CREMATION. 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CR			(Crty, town, or county) (Stot
Burial Nov. 23	66 Smithsburg Ce	emetery	Smithsburg	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. I	NAME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
	0 1 1 1 1 1 1	_ Minnich Fu	neral Home	Smithsburg Md

Smithsburg Md



48-05-66 DH

		00 1177	~)	BALTIMORE CITY	HEALTH DEPARTA	MENT		(21) 44	TITIDA
BIRT	H NO.	66 1177	1	CERTIFICA	TE OF DEA	HTA	Registered Na	66 11	111
M.E.	CASE NO.	ACED		OEKTII 107					
	e ar Print)	MARTHA G. PI	LITT			N	ovember 22,	1966	8:00 P.M.
3. P	LACE OF DEA	TH IN BALTIMORE, MAI	RYLAND		4. USUAL RESIDEN	B. COUN	re deceased lived. If in	stitution: residence be	fore odmission)
	ULL NAME OF	F (If not in hospital anddress or location		give street	MARYLAN.	D	tside city (imits, write l	DIED A 1	
11	MOITUTITZP	اللا وعالمستولية	THE STATE OF		BALT IMO		rside chy limits, write i	LA DIVE 10Wh	ship)
-	2 / B	altimore City	Mospit	tals	D. STREET ADDRES	-	rurol, give lacation)	-00	
_		940 Eastern l altimore, Mai		¥21224				21224	
5. <b>S</b>			7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under 1 Yr. If Manths Days Ho	Under 24 Hrs.
_	EMALE	WHITE		W (specify)	3-3-88		Tast birthday)	Manins Days Ho	urs Min.
		PATION (Give kind of wark varking life, even it retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Sto	ite ar fare	ign country)	12. CITIZEN OF WHAT COUNT	RY?
	Hous	e Work	A.	t Home_	MARYL		Baltimor	TWT A	
3. F	ATHER'S NAN	NE .			14. MOTHER'S MAI	DEN NA	ME		
		HENRY GREE	en		SEPHIE	ZEIGI	ER		
5. V	Vas Deceased , na ar unknown)	Ever in U. S. Armed Fare	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	No			218-01-625	RECORDS:	BCH	Baltimore,	Maryland #	21224
	1B. 4 2	0.11	-	CAUSE O	F DEATH			INTERVAL	
	DISEAS	E OR CONDITION DIR	ECTLY		A A	1- 0	77 0 1	ONSET AN	O LATH
		LEADING TO DEATH		(A)	Myocone	treet	Intend	in Secura	I musicule
		at mean the mode of asthenio, etc. It means		DUE TO	J		Intend		_
		plicotion which caused			C	. A	20 Oc	1	
	A	INTECEDENT CAUSES		(B)	Ceravary	4	K TOUSON	PAIZ	
		R CONDITIONS, if			-	/			
		above couse (A) CONDITION lost.	slaling the	(C)	****				00
		- 11							
ATION	TO THE DE	FICANT CONDITIONS CO EATH BUT NOT RELA CONDITION CAUSING IT	TED TO TH	Composion	o Hoest	R	ilena P.	0	Florein
	19A. DATE OF	OPERATION 198. CON	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY?	Yes ar No	20B. IF YES, WERE I	FINDINGS CONSIDER	ED
ERTIFIC	0	WAS PERF	ORMED		No		IN CERTIFYING CA	USES OF DEATH?	
V	21 A. ACCIDEN	TING CAUSE OF	21 B.	PLACE OF INJURY (e.g., in e, farm, factory, street, of	free bldg. INJURY O	E DID	(If in Baltimare	City, give exact loc	ation)
CAL	DEATH (notify	medical examiner	etc.)		and one graph of the control of the				
ā	21 D. TIME	(Manth) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED	21 F. HOW	DID IN	URY OCCUR?		
3	(APPROX.)	Jan 22 110	8:00 Whi	le At Not While					
		101	Chan		<b>N</b>		1966 10 No	1 27	11
	0	that (1)(this hospital)			100 4			X	19 lele.
		last saw the decease	_	Non y			at in my (aur) api	nian death accurre	d on the date
	ond hour and	fram the causes stat	ed abave.([[	(did not) v	iew the bady after	death.			
ſ	23A. SIGN ATU	RE O	Λ					23B. DATE SIGNED	
	V	senh &	ilva	M.D. Atte	ndrng Med.	tor _	Stoff Phys.	Nov 22	1.66
	23C. PHYSICAL	N'S (pe)			23D. ADDRESS	CH 49	49 Eastern		1
		Toseph Silva		M.D.			ltimore, Md		
24A		AATION, 248. DATE	24C.NA	ME al CEMETERY of CRE	MATORY			ty, town, ar county)	(State)
	Burial	11-26-6	66.	Oak Lawn Cer	metery	722	5 Eastern	Blvd. Ba.	To. MD.
25A	DATE REC'D	BY HEALTH DEPT.	25B. NAME C	F REGISTRAR	25C. FUNERAL I			Clarita 1 man	SS
		NOV 25 1966	R. C. I	J. E. Jaisen M. B.	Taharles	7.2	ile Batto:	, 21224 ⁿ	Md.
VS 1	150-REV. 1/1/6	5			71.	1			



•	leath occurred is or contributing Undetermined cours in regular at deceased priorition is made.
IMPORTANT	Also, if the direct re of any kind; (4) U nounced death wa attendance on the Imed or final dispos
FUNERAL DIRECTOR: IMPORTANT	of by a medical examiner.; (2) Body burns; (3) A fractulere the physician who prolophysician was in regular pefore the remains are emba
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cawas D.O.A. at a hospital (except where the physician who pronounced death was in regular at deceased prior to death); and (6) No physician was in regular attendance on the deceased priowitten approval must be obtained before the remains are embalmed or final disposition is made.

use; (5) Deceased tendance on the to death.

	BALTIMORE CITY	HEALTH DEPARTMENT	(2/2)
	IRTH NO.  ALE CASE NO.  CERTIFICA	TE OF DEATH Registered No.	66 11/78
1	NAME OF DECEASED  Type or Print) Dean, William Edward, SI	2. DATE AND HOUR OF DEATH	8 30 a M
3	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institu	ution: residence before admission)
	FULL NAME OF HOSPITAL OR oddress or locotion)  HOPKINS HOSPITAL  HOPKINS HOSPITAL	C. CITY OR TOWN (If outside city limits, write RUR  D. STREET ADDRESS (If rurol, give location)	AL and give was fall 3
i l	Nopaliis nospital	2317 F F4 X 5 T7	-r ST
n   b	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years In the second sec	f Under 1 Yr. If Under 24 Hrs.
E	Male White Wwww	B3 30 - 93 73	Tomas Doys Hours Trum.
L L	0A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)		2. CITIZEN OF WHAT COUNTRY?
	ret-Painter self-employed	Baltimore, Md.	
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
uoi lisodein	William Dean 5. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	Matilda Hartlove	4.0.0000
.    (	5. Was Deceased Ever in U. S. Armed Forces?  [es, no or unknown] [If yes, give wor or dates of service]  16. SOCIAL  SECURITY NO.		ADDRESS
	no 213-1834	42 Laura Sherman, dgh	
5	18. 777 X I		ONSET AND DEATH
9	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Promision and the	_
	(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	Respiratory arrest la prostate	
	injuly or camplication which caused death.)	a declare	1963-1966
E	ANTECEDENT CAUSES  (B)  DUE TO	a grosture	1703-1149
0 0	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)		
	UNDERLYING CONDITION last.		•
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	es not loss y cachegia	
110	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINI	DINGS CONSIDERED
0	1) Ca prastate	no	
Detore	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	ffice bldg.,	ity, give exoct locotion)
	0		
fib (fi	OF INJURY  OF INJURY  (APPROX.)  (Month) (Doy) (Year) IHour)  21E. INJURY OCCURRED  While At Not While	21F. HOW DID INJURY OCCUR?	
	Work At Work		
0	22. I certify that (I) (this hospital) attended the deceased fram		
0	that (I) (we) last saw the deceased alive an		n death accurred on the date
must	and how and from the couses stated above. (1) (We) (did) (did not) v		B. DATE SIGNED
	M.D. Atte	ending Med. Stoff	
	23C. PHYSICIAN'S	23D. ADDRESS	11-25-06
0	NAME TYDE	550 No Bradway	71-23-66 Balt Md
approva	AA BURIAL CREMATION DAR DATE DAG NAME OF CRAFTERY OF CR	,	town, or county)   IState)
E .	Burial 11/26/66 Baltimore Cem		

25A. DATE REC'D NOVAL BEP1966 25PANAME OF REGISTRAR

Schimunek Funeral Home, Inc. 13331 Brehms Lane

VS 150-REV. 1/1/65

Regulation account la justate Transmission and lase & Cardengras Dec 1968 On Frankle H. 66 11-23 11-13 11-55-56 550 M Arradusy how .

BIRTH NO.

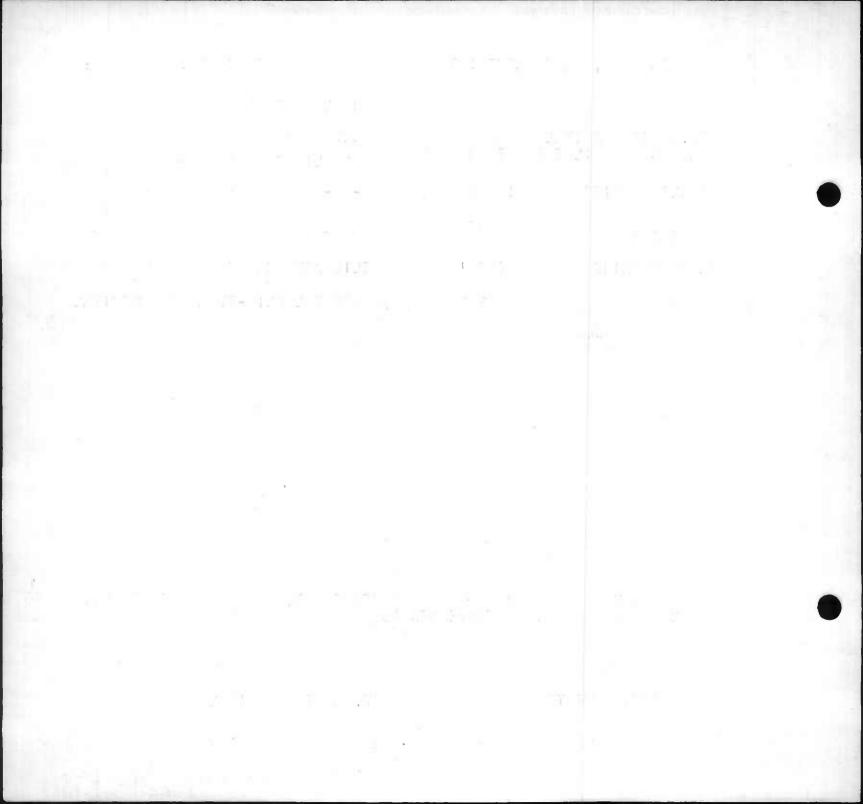
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Regist

BIRT	H NO.		MEDI	CALEA	AMIINER 3 CI	EKTIFICA	ATE OF	JEAIN Registe	red Na		
	CASE NO.										
1. N (Typ	AME OF DECE		MARY	L. SH	IPLEY		Novem	ber 21, 196	6	1:35	P. M.
3. PI	LACE IN BALTIA	AORE, MARY	LAND, WI	ERE PRONOL	JNCED DEAD	4. USUAL RE	SIDENCE (Where	deceosed lived. If inst	itution: res	idence before	odmission)
HOS	L NAME OF	(IF NOT IT	N HOSPITA OR LOCA	L OR INSTITUTION	JTION, GIVE STREET		Maryland	e corporate limits, write			
0	0 70	) Fleet	Stre	et		D. STREET A	Baltimor DDRESS (If rurol, 416 N. C		et		
5. SI	emale 6	RACE Whit	e		NEVER MARRIED DIVORCED (specify)	Mou. 19	NRTH O O L	9. AGE (In years last birthdoy) 42	If Unde	Doys Hour	er 24 Hrs. Min.
	during most of wo				BUSINESS OR INDUSTRY	11. BIRTHPLA	VIRGINIA		WHA	EN OF	?
13. F	ATHER'S NAME	eu S	Hoo	N		14. MOTHER'S	MAIDEN NAM	E CON.			
	NAS DECEASED				16. SO CIAL SECURITY NO. 229 14 6873	Gloria			ADDRES	0 4	
	(This does no head foilure, of injury or complete of the DISEASES ORISE TO THE UNDERLYING	R CONDITION ABOVE CAL	CAUSES ONS, IF A JSE (A) ST	NY, GIVING	(B)						10 mm (10 m m m m m m m m m m m m m m m m m m m
CERTIFICATION	OTHER SIGNI	EATH BUT	NOT REL	ATED TO T	NG			-			
CERTI		OPERATION		DITION FOR	WHICH OPERATION	20A. AUTO		208, IF YES, WERE FILL IN CERTIFYING CAU			
回	21 A. EXTERNAY UNDERLYING D UTING CAUSI	CAUSE WAS DR CONTRIB- E OF DEATH		etc.)	PLACE OF INJURY (e.g., form, foctory, street, constant water	1		Off in Boltimore City, gi Broadway pi		ocation)	
	(APPROX.) 11	-17-66	8:30	Δ ν		WHILE TO D		jumped int	o wat	er	9.11
		R'S C	har	le S.	Inspection Austriction Suicid	CHIEF	nicide   MEDICAL EX	CAMINER X	er 🗌	DATE SI	
REA	BURIAL CREM 10VAL (Specify) BURIAL DATE REC'D B	ATION, 238	Tou.23	1966	C. NAME OF CEMETERY OF CENTRAL OF REGISTRAR	Forth Cen	veral/Director	altimore ?	Mery	County)  County	(Slote)
240	151 PEV 1/1/2	10V 25			+ E. Farbura	Thil	PEC	ch lall de	14590	. Ave.	

VS 150-REV. 1/1/65

10		2 104/07/0	BALTIMORE CITY	HEALTH DEPARTMENT			-
	BIRTH NO. 66 1	1780	CERTIFICA	TE OF DEATH	Registered No.	66 1178	<u>U</u>
	M.E. CASE NO.		CERTITO		D HOUR OF DEATH		
	(Type of PREADMOND,	MARY CATH	HERINE		MBER 23,19	66 7:00	P
	3. PLACE OF DEATH IN BALL			4. USUAL RESIDENCE (When A. STATE B. COUN	e deceased lived If inst		nissian)
	FULL NAME OF (If no HOSPITAL OR oddre	t in hospital or institutions ss or location)	on, give street	MARYLAND 212 C. CITY OR TOWN (If out		Balto (California)	3
1	ST. AGNES HOS	PITAL		BALTIMORE D. STREET ADDRESS (III		53-01	0
1	CATONX AND W	ILKENS AVE	ENUES #29		AVENUE — (.	27)	
	FEMALE WHIT	- WIDO	ED, NEVER MARRIED	8. DATE OF BIRTH 7-07-93	9. AGE (In yeors lost bithdoy)	If Under 1 Yr. If Under 2 Months Doys Hours	24 Hrs. Min.
	IOA. USUAL OCCUPATION (GIV		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF	
	done during most of working life, e	ven il rented)	NONE	MARYLAND		WHAT COUNTRY?	
	13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME		
	JAMES HOPKINS		(DEC [®] D)	ELIZABETH CA	RNEY		
	15. Was Deceased Ever in U. (Yes, no or unknown) (If yes, give	Armed Forces? wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	UNKNOWN		212 10 5309	HOSPITAL SLI	P-ST AGNES	HOSPITAL	
	1B, 4 22 /		CAUSE OF	DEATH		INTERVAL BETWEE	
	LEADING	DITION DIRECTLY TO DEATH	AC	CUD			
	(This does not mean the heart failure, asthenia, et		DUE TO	3C V 1	***************************************		
	injury or complication w		, m.	obable gulin	0 0.		
	ANTECEDEN		DUE TO	overed frien	on unorcas	•	
	DISEASES OR CONDITION TISE IN THE OBOVE UNDERLYING CONDITION	cause (A) stating	•	***************************************			
3	OTHER SIGNIFICANT CO. TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO					
	19A. DATE OF OPERATION	198. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 DERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?	
	OR CONTRIBUTING CA	USE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(If in Boltimore	City, give exoct locotion)	
	21D. TIME (Month) (I	Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
	(APPROX.)		While At Not While At Work				
	22. I certify that (1) (th	is hospital) ottende	d the deceased from NO	VEMBER 12,	9 66 10 NOVE	MBER 23, 19	66
			NOVEMBER 23		ot In(my) (our) apini	on death occurred an th	ne date
		couses stated above	. XI) (We) (did) (diX XX) v	iew the body ofter death.			
	23A. SIGNATURE	hu Bles	To M.D. Alle	nding Med.	Staff Phys.	11/23/66	
	JOHN B	HERTS		ST. AGNES HOS			
	24A. BURIAL CREMATION, 24 REMOVAL (Specify)	B. DATE / 240	NAME of CEMETERY OF CRE	MATORY 24D. LO	OCATION (City	, lown, or county) (S	Stote)
1	13	11/25/66	Maul Calle	de al	2000	n	0

Similar 11/28/66 New Calledial Salt 125A. DATE REC'D BY HEALTH DEPT. | 25B. NAME OF REGISTRAR | 25G. FUNERAL DIRECTOR ADDRESS NOV 25 1966 (P.D., & E. Farrey A. S. Farrey A. S



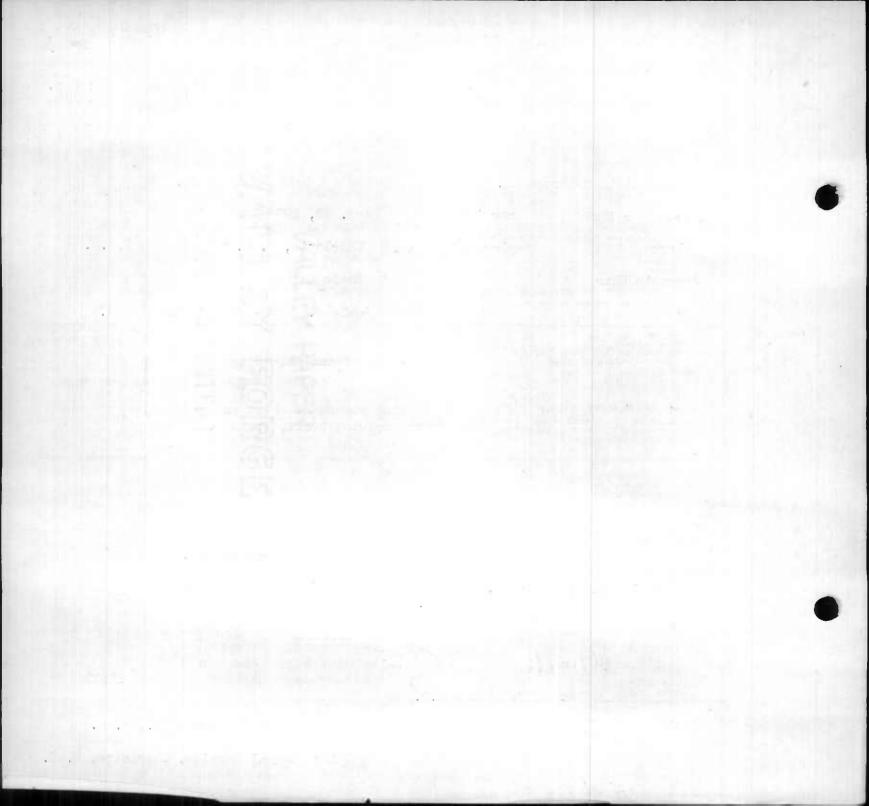
FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🌊
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

H	20 4 4 2224	BALTIMORE CITY	HEALTH DEPARTMENT	X	(2/2)			
-11	RTH NO. 66 11781	CERTIFICA	TE OF DEATH	Registered Na.	66 11781			
1	A.E. CASE NO.  NAME OF DECEASED  Type or Print)	. /	2. DATE AN	D HOUR OF DEATH				
IL	PLACE OF DEATH IN BALTIMORE, MARYLAND	4 N	4. USUAL RESIDENCE (Where	Vov. 21,19	66 6.3 gas			
			A. STATE B. COUN		n 02 1			
	FULL NAME OF (If not in hospital or institution, go HOSPITAL OR oddress or location) INSTITUTION	ve street	C. CITY OR TOWN (If out:	side city limits, write RL	JRAL ond give township)			
	. A		RALTO.		53-00			
L	MONTEBELLO STATE HOSP,	ITAL	3642 LA	rurol, give locotion)  WGREHR	RD. BALTOT			
1		DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	)f Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
ŀ	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF		11. BIRTHPLACE (State or foreign	82	12. CITIZEN OF			
	lone during most of working life, even if retired)				WHAT COUNTRY?			
1	3. FATHER'S NAME		JCUTLAN  14. MOTHER'S MAIDEN NAM		0,3,7			
	/ 00 0	(C)	_	,				
		6. SOCIAL	17 10100044444	GUSON	Langrehr Rd			
1	Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Hora denna Ste	in 3642	Langreier 100			
	18. 44	CAUSE 0	F DEATH	RECORD	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY	1		11 2	ONSET AND DEATH			
	LEADING TO DEATH	(A) H	RTE ROSCLEROTI	C ITEART DISE	ASE 6 1905.			
	heart failure, asthenio, etc. It means the disease,							
	injury at complication which caused death,)  ANTECEDENT CAUSES	MERTENSION		6 YEARS				
	DISEASES OR CONDITIONS, if any, giving							
	rise to the above couse (A) stoting the UNDERLYING CONDITION last.	(C)	** * * * * * * * * * * * * * * * * * *					
	II							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CERE	BRAL THROI	MBo(15	6 YEARS			
	DISEASE OR CONDITION CAUSING IT.  198. DATE OF OPERATION 198. CONDITION FOR W		20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED			
	19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. P		NO	IN CERTIFYING CAU	SES OF DEATH?			
		PLACE OF INJURY (e.g., in form, foctory, street, of	n or obout 21C. WHERE DID ince bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)			
l	21D. TIME (Month) (Doy) (Year) (Hour) 21E. I	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
١	(APPROX) While		e					
	22. I certify that W (this hospital) attended the	deceased fram	8-22 1	9 6 6 ta	11-21 19 66			
	that MT (we) last saw the deceased alive an 11-21 19 66 and that in (part (aur) apinian death accurred an the date							
	and haur and from the causes stated above.	(We) (did) (did not) v						
	23A. SIGNATURE				23B. DATE SIGNED			
	Looperste		ending Med. Director	Stoff Phys.	Nov. 21, 1966			
ı	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	6 11	2 4			
-	Irving L. Cooper		MONTEBELL	O STATEHUS	SP. BALTO - MO.			
	REMOVAL (Specify) 248. DATE 24C. NA	ME of CEMETERY OF CRI	111	OCATION (City	town, or county) (Stote)			
-	Durial 11/26/66 Sy	tranca 16	Il Mem, 70	ochester	Ja			
	NOV 2.5 1988 A CO R	REGISTRAR	25C. FUNERAL DIRECTOR	0 = 9017	ADDRESS			
Ę	/S 150-REV. 1/1/65	VOLUMENT IN	The state of the	CT5-8/20	No let			
			1	1100	NW OIC VI			

Amend To Williams Ale Auguste M A HUMAN A STATE OF THE MAKES NOW TO A CERTIFICATIONS - THE STATE OF Trans Brews House Fresh M.

66 11782

M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print)	Ann	2. DAT	AND HOUR PRONOUNC				
Peggy	Peterson		11/21	/66   11:00 p. N			
, PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (WA. STATE	B. COL	litution: residence before odmissio JNTY			
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	STITUTION, GIVE STREET		outside corporate limits, write	RURAL and give township)			
00 1418 Holbrook St		D. STREET ADDRESS (If	rurol, give location)				
	RIED, NEVER MARRIED	8. DATE OF BIRTH	Holbrook St.	II Under 1 Yr, If Under 24 Hr			
WIDOW	ED, DIVORCED(specify)  arried	Aug. 20, 193	9. AGE (In years lost birthday) 8	Months Doys Hours Min			
DA. USUAL OCCUPATION (Give kind of work 10B. KINI				12. CITIZEN OF			
one during most of working life, even if retired)	lor Shop	Charlotte,		WHAT COUNTRY?			
B. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
Jeremaih Hamm		Adele Cathe	У				
5. WAS DECEASED EVER IN U.S. ARMED FORCES	? 16. SO CIAL	17. INFORMANT	•	ADDRESS			
(es, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	Adele C. Ham	m - 4007 Cedar	dale Rd.			
1B. 921V	CAUS	E OF DEATH	V	INTERVAL BETWEEN			
= /0/ X				ONSET AND DEAT			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Massi	ve internal blo	eding				
(This does not meon the mode of dying, heart follure, asthenia, etc., It means the disections which could doubt.)	e.g., Due to	A		и 000) — и и и 000 0 <b>и и</b> и и 000 и и 0 00 и и 0 00 и 0 и 0 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и 0 и			
	injury or complication which coused death.)						
ANTECEDENT CAUSES	(B) Gunsh	ot wounds of cl	nest and abdom	en,			
DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING T	the out to in	volving heart,	spinal cord a	nd			
UNDERLYING CONDITION LAST.	(c) in	estines					
5			• • • • • • • • • • • • • • • • • • • •				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.							
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A AUTOPSY? (Yes o	No) 20B. IF YES, WERE FI	NDINGS CONSIDERED			
WAS PERFORMED	ok which often anon	yes	IN CERTIFYING CAU				
UNDERLYING BOR CONTRIB-	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) home	office bldg., INJURY OCCU	olbrook Ave.	ve exact location)			
21D TIME (Month) (Doy) (Year) (Hour)			INJURY OCCUR?				
OF INITIPY	D WHILE AT NOT	WHILE TO Shot Se	everal times				
22.		WORK DIE	overal cines				
I certify that I held an Inquiry	_ Inspection _ A	utapsy x and that a	in this basis, death in r	my apinian			
resulted fram: Natural causes	Accident Suici	de Hamicide X	Undetermined mann	er			
1.1.	( - )	CHIEF MEDICA	L EXAMINER				
ACTUAL MURNE,	> (	ASSISTANT MEDICA		DATE SIGNED			
SIGNATURE 10	M.C	ASSOCIATE MEDICA		11/22/66			
EXAMINER'S NAME (Type) Werner II	Chita W.D	ASSOCIATE MEDICA	LEXAMINEK	11/22/00			
3A, BURIAL CREMATION, 23B, DATE	Spitz. M.D.	or CREMATORY 2	3D. LOCATION (City	, town, or county) (Stote)			
Burial 11-26-66	Salem Baptist		Mecklendburg C				
4A. DATE REC'D BY HEALTH DEPT. 24B. NA	AME OF REGISTRAR	24C. FUNERAL DIRE		ADDRESS			
A STATE OF THE PARTY OF THE PAR				Charlotte, N. C.			
/S 151-REV. 1/1/65	* * * * * * * * * * * * * * * * * * * *	1 1 13 13	()				
N869.4		1					



25A. DATE REC'D BY HEALTH DEPT.

BALTIMORE CITY HEALTH DEPARTMENT

25C. FUNERAL DIRECTOR

If Under 24 Hrs.

(Stote)

MA

ADDRESS

BROSING 7110 BELAIR

Hours

Barriger Statemen Una Moment Hosp 3018 6.00 ms Cox F W NM 1/24/65 1 -Maryland US 61110 T (11 ans 08) 3/20 209 Vigen of Chebst SUN 124 15/50/11 mountent

VS 150-REV. 1/1/65

Such

	BALTIMORE CITY HEALTH DEPARTMENT	
2	BIRTH NO. 66 11784 CERTIFICATE OF DEATH Registered No.	66 11784
	M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  2. DATE AND HOUR OF DEATH  (Type or Print)	121.0
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND LA USUAL RESIDENCE (Where degreesed lived, II instit	1 12:40 am
	A. STATE B. COUNTY	ution: residence before odmission)
	FULL NAME OF (II not in hospital or instillation, give street HOSPITAL OR INSTITUTION  C. CITY OR TOWN (If gotside city limits, write RUI	RAL ord give downship
	Toline Apakins Hosp Baltemare	15
0	D. STREET ADDRESS Ill rurol, give locotion),	alib ane
Bag	5. SEX  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)  8. DATE OF BIRTH 9. AGE (In yeors Widowald (specily)  67	f Under 1 Yr. II Under 24 Hrs. Norths Doys Hours Min.
n is		12. CITIZEN OF WHAT COUNTRY?
disposition	Housewife At Home Baltimore, Maryland	USA
200	13. FATHER'S NAME	
SIS	Ferdinand Hanauer Lina ?	
	15. Wos Deceosed Ever in U. S. Armed Foices? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	ADDRESS
Tindi	No Unknown Mr. David Millhauser, 6414	Park Heights Ave
0	18. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	e wal the
Daimed	(This does not mean the mode of dying, e.g.,  (A) 1123	Several Yrs
0	healt failure, asthenia, etc. It means the disease,	
E	ANTECEDENT CAUSES  (B) METastutic Carcinoma	
ale	DISEASES OR CONDITIONS, if ony, giving	
	rise to the obove couse (A) stoting the (C) DFEOSI CATGNOMIC UNDERLYING CONDITION lost.	
5		
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
0	DISEASE OR CONDITION CAUSING IT.  100   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   190   19	DINGS CONSIDERED
	WAS PERFORMED IN CERTIFYING CAUSI	S OF DEATH?
5	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore C	ity, give exact location)
perore the remains	OR CONTRIBUTING CAUSE OF home, loum, loctory, street, office bldg., INJURY OCCUR?	
	Q 21D TAKE (Month) (Day) (Year) (Hour) 21E INILIPY OCCUPED 21E HOW DID INILIPY OCCUPE	
Dallie	OF INJURY (APPROX.)  While At   Not While   At Work   At	
DIG	22. I certify that (I) (this hospital) attended the deceased from 11/18 19 66 to	1/21 10/66
0	that (1) (we) last saw the deceased alive an 11/20 19 66 and that in (my) (aur) aplnic	in death occurred on the date
0	and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.	in death occurred all the date
must		B. DATE SIGNED
	A. J. Sharker le M.D. Attending Med. Stoff Phys. P	11/21/6/
>	23C. PHYSICIAN'S   23D. ADDRESS	1-1109
approval	Andrew F. Brooker Jr. M.D. Johns Hopkins	YOCA-
0	24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City.	town, for county) (State)
Written	Burial 11/22/66 Hebrew Friendshin Baltimore M	m to
E	25A. DATE REC'D BY HEALTH DEFT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	
\$	NOV 25 1966 Pole & Fallyna Sol Levinson & Bros. Inc.,	6010 Reisterstow

2 4/1/64 600 medical to part of

			BALTIMORE CITY	HEALTH DEPARTMENT				
	BIRT	13.13	CERTIFICA	TE OF DEATH	Registered Na.	66 11785		
	1. N	AME OF DECEASED FORMAN	1/	2. DATE AN	D HOUR OF DEATH	Al among		
	- '	Weitzing Be	rthu Shano	4. USUAL RESIDENCE (When	umber 70	0,1766 8 AM		
	3. P	LACE OF DEATH IN BALTIMORE, MARILAND	A. STATE B. COUN		strution: residence detare odmission)			
	ŀ	ULL NAME OF (If not in hospital or institut IOSPITAL OR address or location)	an, give street	C. CITY OR TOWN (If out	side city limits, write [	RURAL and give township)		
	$\int_{\mathcal{L}}$	NSTITUTION		Baltimos	re.	53-00		
1	1	- 11 -11			rural, give location)			
	5. S	Sinai Hospital	IED, NEVER MARRIED	6920 MC	9. AGE (In years	H/S Apt 1B		
	J. 3		WED, DIVORCED (specify)	7/1-/01	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
1		USUAL OCCUPATION (Give kind of work 10 B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or farei	gn country)	12. CITIZEN OF WHAT COUNTRY?		
	done	Howard, Le . at	- Home	MŘÍMMINIM R	RUSSIA	11.5 A		
	13.	FATHERS NAME	*	14. MOTHER'S MAIDEN NAM		0.077		
		movies shape	200	Thee .				
	15. \ (Yes	Vas Deceased Ever in U. S. Armed Farce ,na ar unknawn) (If yes, give war ar dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Syre		
		ne	Unknown	novisNews	man 69	20 Marsue		
;		184 20. 11	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
5		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) AV	lennochalin	es estavas	- Jan 2 1000		
		(This does not meon the mode of dying, heart failure, asthenia, etc. 11 means the dise	discus	e deser - george				
		injury ar camplication which caused death.)	1) 2 days					
	ANTECEDENT CAUSES  (B) // CUTO Physical Autorition  DUE TO							
;		DISEASES OR CONDITIONS, if any, giverise to the obove cause (A) stating		diac oures	4.			
1		UNDERLYING CONDITION last.						
	N	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING ~	10				
	ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
	ERTIFIC	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?		
	CER	2TA. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in	ar about 21C, WHERE DID	(If in Baltimore	City, give exact lacation)		
	CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	home, form, factory, street, of etc.)	fice bldg., INJURY OCCUR?				
3	EDI	21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?			
	×	(A PPROX.)	While At Not While Work At Work					
1		22. I certify that (1) (this haspital) attende	aug 1	966 ta 60	7 20 1966,			
		that (I) ( <del>we) l</del> ost sow the deceased alive			at in(my) (aur) api	nian death occurred on the dote		
		and haur and fram the causes stoted abov	e. (1) ( <del>We</del> ) (did) <del>(did not</del> ) v	iew the body after death.		DOLD DATE SICHED		
		Manuel L	M.D. Atte	minding Med. Director	Staff	11/20/66		
		23C. PHYSICIAN'S	Phys	Q 1 4 h				
2		NAME (Type) MANUEL L	terstous	Ma Barle Ma				
1	24A	BURIAL CREMATION, 24B. DATE 241	C. NAME OF CEMETERY OF CRE	MATORY 24D. LC	OCATION (Ci	ty, town, or county) (State)		
	10	unal Nov 21/66	Har dinai	Ilwevolet 1	redale	, Ma-		
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR DATE AND DIRECTOR							
	V/5	SO DE MINEY OF TORR A P. F.	E Fallen MA S	a ( serinson	your -	1010 I cliet - Va		
	A 2	120-KEALADAD DA 1200 APOSONO						

- Lagran

	BALTIMORE CITY HEAL
R 11760	0-0-1

		Y HEALTH DEPARTMENT				
BIRTH NO. 66 1	1786 CERTIFICA	TE OF DEATH Registered No	66 11786			
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	4			
(Type or Print)	Tame	1 /	13			
3. PLACE OF DEATH IN BALTIMORE		11/23/66-3	V / (			
TENDE OF BEATH IN BASIMONS	J	A. STATE B. COUNTY	Institution residence before damission			
FULL NAME OF (If not in hosportation address or locality in the second s	pitol or institution, give street cotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
(INION MEMORIAL HOSP.		Baltimine				
UNION ME	MORIAL HOSP.	D. STREET ADDRESS (If rural, give location)	74122			
44		794651. Monica Dr. 2412 Maryland				
S SEX 6. RACE 7. MARRIED, NEVER MARRIED		DATE OF BIRTH IN ACE II.				
MALE White	WIDOWED, DIVORCED (specify)	11/-04-97. lost birthdoy!	Months Doys Hours Min.			
IDA, USUAL OCCUPATION (Give kind of done during most of working life, even if reti	work 10 B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Retired -	Engineer- 2nd clas	PennsyLVANIA.	US.			
3. FATHER'S NAME	LIGITACET	14. MOTHER'S MAIDEN NAME	03			
	WNEY	Mag				
///////		LOA -				
5. Was Deceased Ever in U. S. Armed Yes, no or unknown) (If yes, give wor or		17. INFORMANT	ADDRESS			
No -	- 176-07-8080					
18. 199.21	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION		10 10 '				
LEADING TO DEA	(A) /	lidespread Carcinomatores	)			
(This does not mean the mode heart failure, asthenia, etc. It ma	U .					
injuty or complication which coused death.)						
ANTECEDENT CAL	JSES (B)					
DISEASES OR CONDITIONS,			1 /			
rise to the obove couse			Jak.			
UNDERLYING CONDITION Iosi						
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT	IS CONTRIBUTING Branche	kneumoura,				
DISEASE OR CONDITION CAUSII	NG IT. 15 Zandle	ectasts, Emplysen	~~			
	CONDITION FOR WHICH OPERATION PERFORMED	20 A. AUTOPSY? (Yes or Not 208. IP YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?			
U 21 A. ACCIDENT WAS UNDERLYIN	GVCIN ONC.  21B. PLACE OF INJURY (e.g.,	yes-Pertial yes.				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	hame, form, factory, street,	office bldg., INJURY OCCUR?	ore City, give exact location)			
21D. TIME (Month) (Doy) (Y	earl (Hauil 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(APPROX.)	While At Not Wh		/ - 4			
22. I certify that (1) (this hospital) attended the deceased from 11/3 1966 to 11/23 1966.						
that (1) (we) last sow the dece	eosed olive on 11/2 2	2 19 Ce and that in (rec) (our) or	pinion death accurred on the date			
	that (1) (we) last sow the deceased alive on 11/23 19 ( and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (4) (We) (did) (did not) view the body after death.					
23A. SIGNATURE	Stored Obove: (4) (me) (drd) (drassor)	view the body offer deoff.	23B. DATE SIGNED			
David S. E		tending Med. Stoff Phys.	11/23/66			
23 C. PHYSICIAN'S NAME (Type)	J	23D. ADDRESS				
	M.D.	UNION MEMORIAL	HUSPITH			
24A. BURIAL CREMATION, 24B. DAT	E 24C. NAME of CEMETERY OF CE	REMATORY 24D. LOCATION (	City, town, as county) (State)			
REMOVAL (Specify)	de Fuenant	Pemereny Cerrylane	D			
SURIAL II-LO	6-66 EVERGREEN	SEMETERY GETTYSBURG,	1-17.			
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS OF			

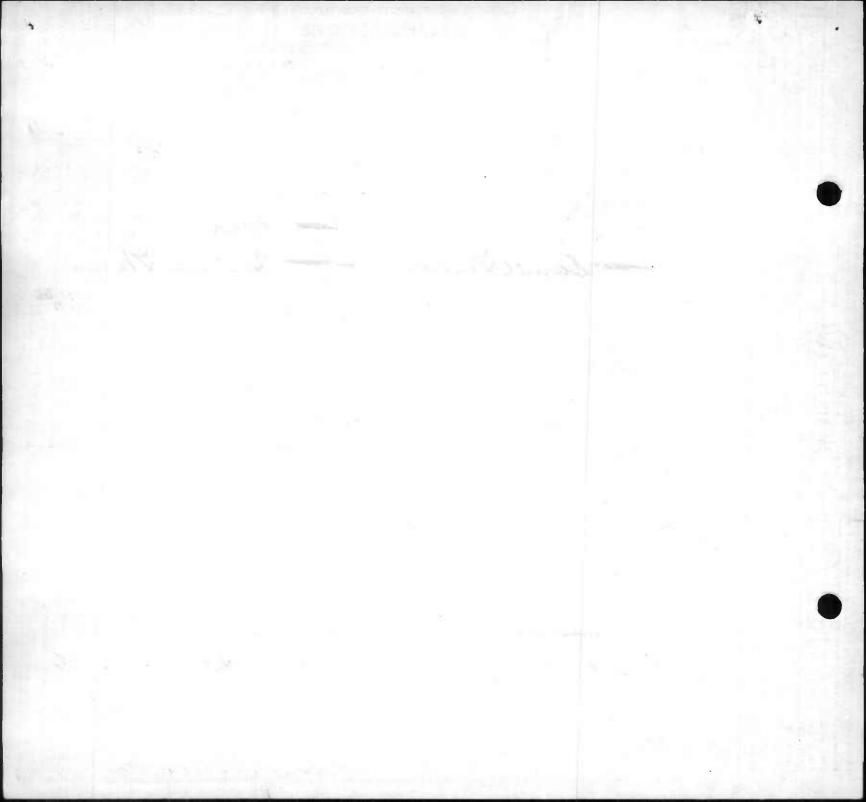
the second that the 12 19-40-11 TIPLE VINTE MALLEY Engineer and has Pennegaring -10001701 The street the same with free at the for there 11 /3 UNION PREMIOR AL HOST -

3-530 BIRTH NO. 66 11787 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Post 11787

M.E. CASE NO.	MLD	ICAL L	AAMII ALK 5 CI				1	11.0	
Type or Print)	EASED				2. DATE AND	HOUR PRONOUNCE	D DEAD		
	ESSIE JONES				Novemb	er 22, 1966		11:45	A M
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			4. USUAL RESID	NCE (Where d	eceosed lived. If instit	ution: resid	ence before o	dmi s sio n	
			Ma:	ryland	Baltimor	e CA	,		
			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
/				Baltimore D. STREET ADDRESS (If rurol, give locotion)					
ILO S	t. Agnes Hosp	pital							
7				53	16 Dogwo	od Road			
S. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under Months	7 Yr. If Unde Doys 1 Hours	r 24 Hrs
Female	White		ried	2-22-190	00	66			
		k TOB. KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country)	12. CITIZE	N OF COUNTRY?	
Clerk	working life, even if retired)			Tenness	ee		US		
3. FATHER'S NAM	A E			14. MOTHER'S M	AIDEN NAME				
Billie E	Ralle			Makewee	de Lister	wer Unkno	wn		
5. WAS DECEASE	D EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT			ADDRESS		
les, no or unknown	(If yes, give wor or dot	es of service)	SECURITY NO.			521/ D		n 1	
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DISEA	SE OR CONDITION DE		Right	Hemothora	v				
(This does	not mean the mode of	dvina e.a.	DUE TO		Λ.				
heort foilure	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.								
			20.14.1.	1 D.L 71	4		- 100		
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  Multiple Rib Fractures  OUE TO								00 off 0 000 00 00
RISE TO TH	E ABOVE CAUSE (A) S	TATING THE	001 10						
	NG CONDITION LAST.		(C)						
임	II								
	NIFICANT CONDITIONS				Media				
DISEASE O	DEATH BUT NOT RE		Bronch	chopneumonia					
19A. DATE OF	POPERATION 198, COL	NDITION FOR	WHICH OPERATION	20A. AUTOPSY		OB. IF YES, WERE FIN			
	WASTE				es			res	5
	XOR CONTRIB-	21 B	PLACE OF INJURY (e.g.,	in or obout 21 C. V	HERE DID (I	in Boltimore City, giv	e exoct lo	cotion)	
UTING CAL	ISE OF DEATH.	etc.			6 Dogwood	od Road	5 3	-0	0
Z 21D TIME	(Month) (Doy) (Yes	or) (Hour)	21E. INJURY OCCURRED	21F. HC	W DID INJU	RY OCCUR?			
OF INJURY (APPROX.)	11 22 '6		WHILE AT NOT	WHILE Dec	eased fe	ell down sta	airs		
22.	22. Location to a location of the control of the co								
	I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death In my apinion resulted fram: Natural causes Accident X Suicide Hamicide Undetermined manner								
resu	1 Natural Co		Accident X Suicid			ndetermined manne			
ACTUA	1//	7. 2	, (		EDICAL EX	THE REAL PROPERTY.		DATE SI	GNED
SIGNAT		Mille	M.D	ASSISTANT M					
EXAMI	NER'S /	Dwaita	modition M.D.	ASSOCIATE M	EDICAL EX	AMINER		11/23	166
NAME (			necker, M.D.	CREALATORY	23 D. LO	CATION (City,	town, or o		(Stote)
REMOVAL (Specif		2	SO. HANGE OF CENTERENT C	A CREWIATORI					. 510101
Burial	11-26		Woodlawn Ce			imore, Mar			
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAMI	OF REGISTRAR	24C. FUNER.	AL DIRECTOR	1	A	DDRESS	
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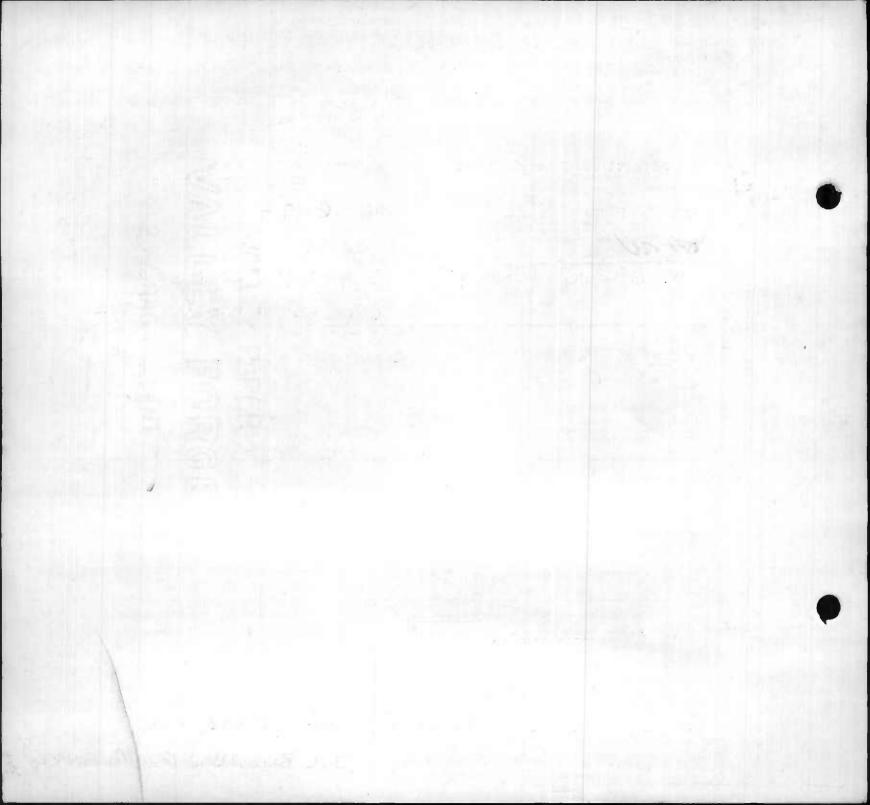
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FUNERAL DIRECTOR: IMPORTANT	ch th thys
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

00 1100	BALTIMORE CITY	HEALTH DEPARTMENT		66 11788
BIRTH NO. 66 11788	CERTIFICA	TE OF DEATH	Registered Na	00 11/00
1. NAME OF DECEASED (Type or Print)  EDITH PALMER	Thomas	2. DATE AN	D HOUR OF DEATH	11 ts PM M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceosed lived, If in: TY	stitution; residence before odmission)
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddless of location) INSTITUTION	street		ALT: side city limits, write R	SUPAL and give township)
38 UNIV. 1405P-		BALT.	1	18-05
30 0000		873 BOY	rurol, give locotion)	
5. SEX 6. RACE N 7. MARRIED NE WIDOWED D	VER MARRIED IVORCED (specify)	B. DATE OF BIRTH CINK	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU done during most of working life, even if retired)	SINESS OR INDUSTRY	4		12. CITIZEN OF WHAT COUNTRY?
		6-7-7-1		USA
13. FATHER'S NAME	homa	14. MOTHER'S MAIDEN NAM	Terturde	Thoma
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	UNK	HILDA EDU	VARDS 6	BALT MO
DISEASE OR CONDITION DIRECTLY	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)	SEPTIC SH	HOURS	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUETO	PNEUMONI	A	DAYS?
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(C)	POSSIBLE LO	UNG MASS	2
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	-			
19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	ACE OF INJURY (e.g., in form, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.) While Work	At Work			
22. I certify that (I) (This hospital) attended the		P.M. 11/18/66	19ta//	3M 11/18/6619.
that (1) was last saw the deceased alive an	1/18/66		at in (my) (au) aplr	nion death accurred an the date
and hour and fram the couses stated abave. (1) (V	Ve) (did) (dld nat) v	iew the bady after death.		lead DAYS SIGNED
23A. SIGNATURE / January Kraces	Le M.D. Atte	nding Med.	Staff Phy s.	11/18/66
23C. PHYSICIAN'S NAME (Type)	E M.D.	23D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	E OF CEMETERY OF CRE	MATORY 24D. LO	OCATION (Cit	ly, town, or county) (State)
Survel 1/25/66 mt	Gulren	es o	alt tely	
25A. DATE RECO BY HEAL HIS DERT. 25B. NAME OF	aber All	256 FUNERAL DIRECTOR	La 1081	Montgowy L
VS 150-REV, 1/1/65		4		9 7



66 11789	BALTIMORE CITY HEALTH DEPARTMENT
7-520 66 11789 BIRTH NO.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.								
Type or Print)	CEASED		15.			ND HOUR PRONOUNC		4
2	MYRTLE		W. T	HOMAS	No	vember 19, 19	966	10:52 A M.
B. PLACE IN BAL	LTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL R	ESIDENCE (Whe	re deceased lived. If inst	itutian: reside	
					aryland	B. COC	NIII	
ULL NAME OF	(IF NOT IN HOSPITA		TION, GIVE STREET			ide corporate limits, write	RURAL ond	give tawnship)
NOITUTITE				D	altimore		7 7	-01
		1					10-	
South	Baltimore Gen	eral Ho	spital	D. STREET	ADDRESS (It for	ol, give locotian)		
				1	18 W. He	nrietta Stre	et	
S EX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF	BIRTH	9. AGE (In years last birthday)	If Under 1	Yr. If Under 24 Hrs ays   Haurs   Min.
Female	Negro	111001110,	DI VORCED (Specify)	6-21	6-1914	52	IVIUIIIII 5	ays i ridois i viin.
OA, USUAL OCC	CUPATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLA	CE (State or for		12. CITIZEN	OF
The state of	working life, even if retired)	-		Za.	TO N	10.	WHAT	COUNTRY?
B. FATHER'S NA				BAC	S MAIDEN NA	TOC.		
-AA	ME	1,10	CHT	14. MOTHER	MAIDEN NA			
	TTHEWS		att.	W	ARY	BROOKS		
	in) (If yes, give wor or dote		16. SOCIAL SECURITY NO.	17. INFORMA	NT		ADDRESS	1
es, no or onknow	mail yes, give wor or dole	s ut services	SECONITI NO.	CHAR	LES V	ANSTORY	81	A
18.	200		CAU	E OF DEATH		,		NTERVAL BETWEEN
Life of	MATERIAL CONTRACTOR OF						9	INSET AND DEATH
DISEA	ASE OR CONDITION DI LEADING TO DEATH	RECTLY	Arte	rioscler	otic Hea	rt Disease.		
(This daes	nat mean the mode of	dying, e.g.,	DUE TO	L TO DO LOL	OCIO MOG	Le Dibeaber	•••••	
heart failure	e, asthenia, etc. It meons omplication which coused	death.)					2-5	
	ANTECEDENT · CAUSES							
	OR CONDITIONS, IF A		****************			***************************************	000000000000000000000000000000000000000	
	ING CONDITION LAST.	IA IIIVO THE						
Z			(C)			• • • • • • • • • • • • • • • • • • • •		
OTHER SIGN TO THE	11							
OTHER SIC	GNIFICANT CONDITIONS							
DISEASE	DEATH BUT NOT RE		HE					*******
19A. DATE O	F OPERATION 198 CON		WHICH OPERATION	20A. AUT	OPSY? (Yes ar N	a) 208. IF YES, WERE FIL	NDINGS COM	SIDERED
5	WAS PER	FORMED			No	IN CERTIFYING CAU	SES OF DEAT	/H?
ZTA EXTERN	AL CAUSE WAS	21 R	PLACE OF INJURY (e.g.	in or obout 21	C. WHERE DID	(If in Boltimare City, ai	ve exact lace	ntion)
UNDERLYING	OR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., IN	JURY OCCUR?	(If in Boltimare City, gi	VE EXOCITACE	iii Oili)
II .	USE OF DEATH.	etc.r						
21D TIME	(Month) (Doy) (Yea	r) (Hour) 2	TE. INJURY OCCURRED	21	F. HOW DID IN	JURY OCCUR?		
OF INJURY (APPROX.)		v	WHILE AT   NOT	WHILE				
22.		m. V	VORK AT	WORK L				
	rtify that I held on I	nquiry 🗌	Inspection X A	utopsy	and that on	his bosis, deoth in n	ny opinion	
244	dad from National an		ceident Suici	de Ho				
resu	ulted from: Natural co	USES A	celdent Suici		micide	Undetermined monne	er	
	. 01	, ,	/ /	CHIE	F MEDICAL I	EXAMINER		DATE SIGNED
SIGNA		eles 1.	cely "	ASSISTAN	T MEDICAL	EXAMINER X		
	NER'S		M.			EXAMINER		11/20/66
NAME		s S. Pet	ty	ASSOCIAT	E MEDICAL	EXAMINER		
SA, BURIAL CR		23	C. NAME at CEMETERY	or CREMATOR	Y 23 D.	LOCATION (City,	, tawn, ar cau	enty) (State)
REMOVAL (Speci	1 1 10 10	-1-1-	MOUNT	JUBUR	(n)	BACTO, M	d	
BURIF	3	-66					04	
4A. DATE REC'I	D BY HEALTH DEPT.		OF REGISTRAR		NERAL DIRECTO			DRESS
	VOV 25 1966	I Donto	E. Farley M.D.		LBR	own ton 12	13W.14/	WIGONGE
'S 151-REV. 1/1	1	-10-007						/
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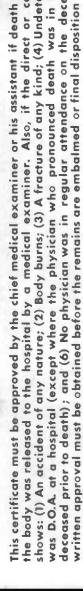
etermined cause; (5)

(4) Und

North Carolina BALTIMORE CITY HEALTH DEPARTMENT Registered No .. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. HOUR OF DEATH 2. DATE AND (Type or Print) 27 3. PLACE OF DEATH IN BALTIMORE 66 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUN Mari FULL NAME OF HOSPITAL OR INSTITUTION (If not in haspital ar institution, give street oddiess at location (If outside city limits, write RURAL and give tawnship) 03 mor D. STREET ADDRESS h ar mad 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 9. AGE (In years 5. SEX 8. DATE OF BIRTH If Under 24 Hrs. II Under 1 Yr. Manths: Days Hours last birthday) Married Never IGA. USUAL OCCUPATION (Git kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPIACE (State or fareign cauntry) 12. CITIZEN OF WHAT COUNTRY? dane during mast of working life, even if retired) 2 91 9 hi 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME SOW 10 15. Was Deceased Ever in U. S. Armed Farces? (Yes, ng qrunknown) (If yes, give war or dotes af service) 17. INFORMANT ADDRESS 1 6. SOCIAL SECURITY NO. 9 C CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. II means the disease, injuly of complication which caused death.) (B) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stating the UNDERLYING CONDITION last. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID 21 A. ACCIDENT WAS UNDERLYING (If in Baltimare City, give exact location) hame, farm, factory, street, affice bldg., INJURY OCCUR? OR CONTRIBUTING _ CAUSE OF DEATH (natify medical examine) etc.) MEDI 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY While At Not While ! (APPROX) At Work Wark 22. I certify that (I) (this haspital) attended the deceased from 1966 that (1) (we) lost sow the deceased alive on ... ond that In(my) (our) opinion death accurred on the date and hour and from the copers stated above. (1) (We) (didf/(diame) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED Allending M.D. Med. Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type M.D. JOHNS 11 EAN CEMETERY of 24A. BURIAL CREMATION, 24C. NAME of CREMATORY 24D. LOCATION

25C. FUNERAL DIRECTOR

ADDRESS



REMOVAL (Specify)

VS 150-REV, 1/1/65

25A. DATE RECIDIEN HEALTH DEST

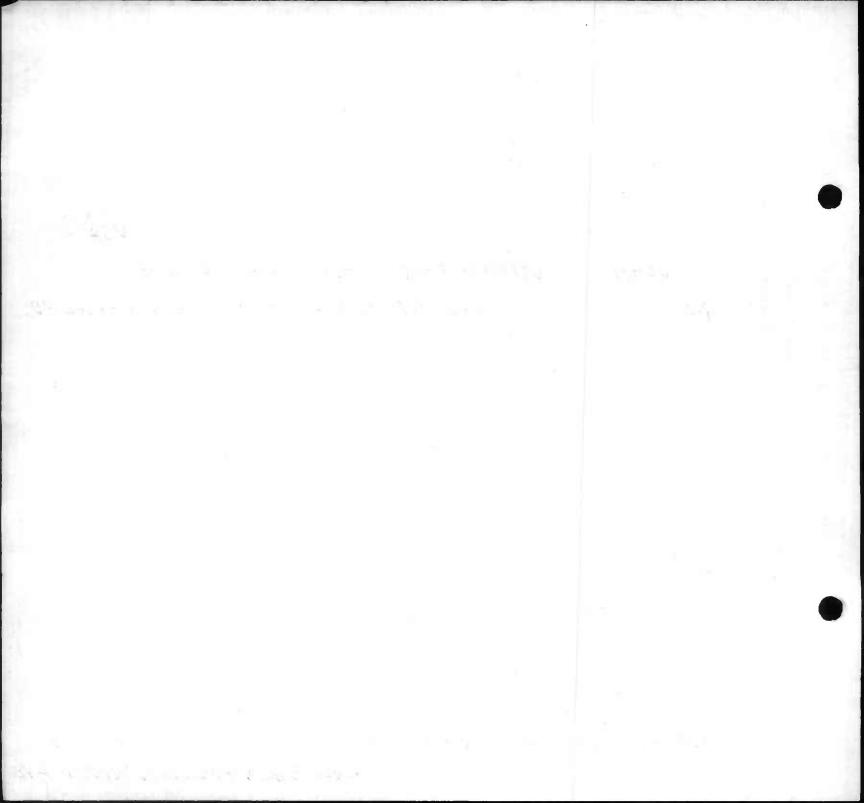
NAME OF REGISTRAR

2nformation from Dr. J. Beterman Enformation from Dr. J. Beterman Director Comm. Dis: BCHD

	F103.4
BIRTH NO.  M.E. CASE NO.  CERTIFICATE OF DEATH  Registered No.  66 11	731
1. NAME OF DECEASED Steve Glino Wecki 2. Date and Hour of Death (Type of Print) Steve Glino Wecki 11.23.66 8.2	20 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before the country in the country of the country is a country of the country	ore odmissi
FULL NAME OF (Il not in hospital or institution, give street HOSPITAL OR oddress or location)  C. CITY OR TOWN III outside city limits, write RURAL and give towns	hia)
Walliotion Page 1	5/
Marth Charles General Hosp.  D. STREET ADDRESS (If rural, give location)  2032 Bank St.	1
5. SEX W 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 12 126 192   9. AGE (In years lost birthdov)   12 126 192   193   194   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195	Under 24 I rs Min
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or loreign country)  12. CITIZEN OF WHAT COUNTI	LY? 4
Retired Toland ameri	04
3. FATHERS NAME	
MICHAEL GLINOWIECKI PETRONELLA S	
5. Wos Deceased Ever in U. S. Armed Forces?  Yes, no or unknown) (I( yes, give wor or dates of service)  16. SOCIAL  SECURITY NO.	/
NO 214-01-0727 Charles H	on
18. CAUSE OF DEATH INTERVAL I ONSET ANI	
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not meen the mode of dying, e.g.,  DUE TO  AUTHERITY (A)  DUE TO	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B) A C C	******
DISEASES OR CONDITIONS, if ony, giving	
rise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   198. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?	D
21A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bidg., INJURY OCCUR?	tion)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.)  While At Not While At Work	
	19.6
that (1) (we) last saw the deceased alive an BP x 11, 23, 19 ff and that in (my) (aur) opinion death accurrent	an the
and haur and from the causes stated above, (1) (We) (did) (did not) view the body after death.	
23A. SIGNATURE 23B. DATE SIGNED	
F. Celbarr M.D. Attending Med. Stoff Phys. X 11. 23.	//
23C. PHYSICIAN'S 23D. ADDRESS 11	
NAME (Type) FADHIL ABBOUSY M.D. North Charles Horge.	
NAME (Type) FADHIL ABBOUSY M.D. North Charles Harp.  24A. BURIAL CREMATION,  24B. DATE  24C. NAME of CEMETERY OF CREMATORY  24D. LOCATION (City, town, or county)	(Stot
NAME (Type) FADHIL ABBOUSY M.D. North Charles Harp.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  REMOVAL (Specily)	(Sto)
NAME (Type) FADHIL ABBOUSY M.D. North Charles Harp.  24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY OF CREMATORY   24D. LOCATION (City, town, or county)	(Sto)
NAME (Type) F-ADHIL ABBOUSY M.D. North Charles Harp.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  REMOVAL (Specily)	(Stot

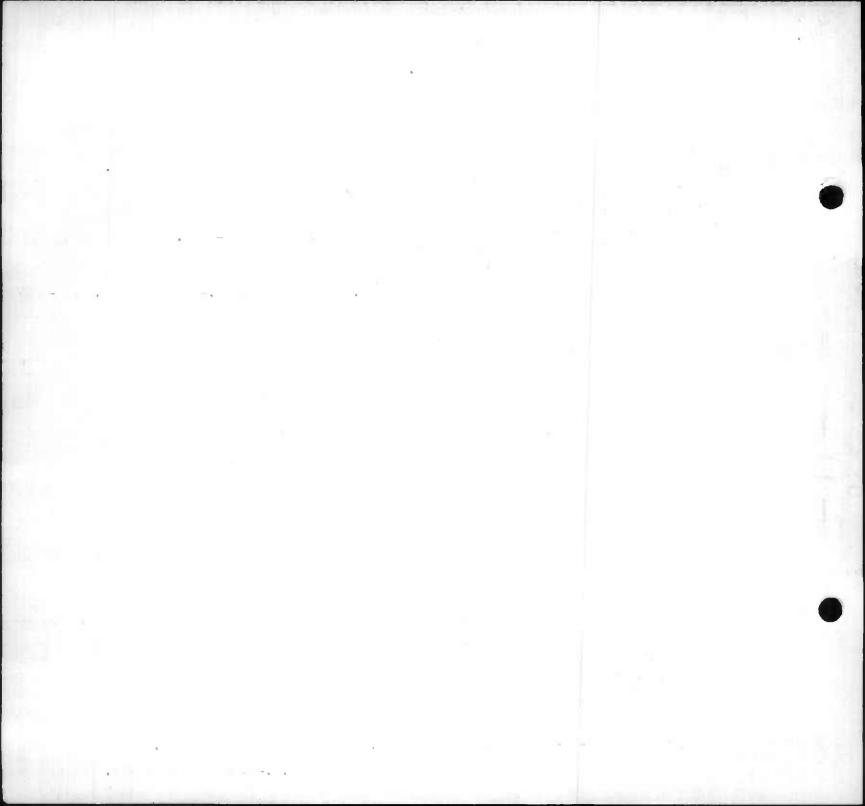
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		00 14700		BALTIMORE CITY	HEALTH DEPARTMENT		66 11792
	BIRTH NO.	66 11792		CERTIFICA	TE OF DEATH	Registered Na.	00 117.74
	M.E. CASE NO.	EASED		<i>i i</i>	2. DATE A	ND HOUR OF DEATH	1/
	(Type or Print)	11/0mmo-L	6 11	mulos	7/2	elector . 2	360,20
	3. PLACE OF DEA	ATH IN BALTIMORE, MAR	YLAND'	u v res	4. USUAL RESIDENCE (Who	ere deceased lived. If inst	itution; residence before odmission)
١					A. STATE B. COUL	N TY	B. D.A. (1)
	FULL NAME O	F (If not in hospital a	r institution, give stre	eet	Maryloud.		rales, wi
	INSTITUTION	ougless of locollolly			C: CITY OR HOWN- (IF of	utside city limits, write RU	JRAL and give township)
	11/2		1		Baltimo	ve	35-00
1	100	. 1/-	-//		D. STREET ADDRESS	rurol, give location)	n
	Since	21 406/2	tal.		1912-South	wodge Ka	
	5. SEX	6. RACE	7. MARRIED, NEVER WIDOWED, DIVO		B. DATE OF BIRTH	9. AGE Un years lost birthdoyl	tf Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
1	M.	W	mount	red	1/19/100	64	
		JPATION (Give kind of work	IOB, KIND OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLA'CE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	done during most of	working life, even if retired)	mente	11	2 1/		1/50
	13. FATHERS NAM	AF	ceeren	100010.	14. MOTHER'S MAIDEN NA	LOVO	V 0/4
	13017				19	A	4
1	Jê	HIY	UTTENRE	ITHER	FLORENC	E LEW	75
	15. Was Deceased	Ever in U. S. Armed Forc	of service) 16. SO	CIAL CURITY NO.	17. INFORMANT		ADDRESS
	Nen	, , , , , , , , , , , , , , , , , , , ,	212	10.3917	FIADENCE 11+1	ENDELTURE	12 CAUTHOINE DA
	118.4	= V.	pelse	CALISE O	F DEATH	EILKEIIAEN II	INTERVAL BETWEEN
	DISEA	SE OR CONDITION DIR	CTIV	07.002	C / A	, , , , ,	ONSET AND DEATH
	ll Dista	LEADING TO DEATH	CILI	dere	la balando	lund li Vac	A 40/
		nal mean the made ai		DUE TO	e ogationing	THURS LOVE	Bally To Was.
	heort foilure,	osthenia, etc. It means	the disease, death.)	D	1 2 1		
		ANTECEDENT CAUSES		(B) 1000	pheral fles	onbelub	ofic 48 los
		OR CONDITIONS, if a	ny giving	DUE TO DE	renembral.	11	
		abave couse (A)		10 Cle	venix sess	nel Devilue	a syears.
	UNDERLYING	G CONDITION lost.		4.0	armor con	essettown he	rout faither
i	7	11				2/	0
	OTHER SIGNI	FICANT CONDITIONS CO	ONTRIBUTING TED TO THE	Dale	La mar 11	tite	
ı	DISEASE OR	CONDITION CAUSING IT		1/18/06/	20A. AUTOPSY? (Yes or N	1477	
	E SALDATE OF	OPERATION 198. CONE		OPERATION	ZUA. AUTOPST! (res of N	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
1	19A. DATE OF	NT WAS UNDERLYING	218 81 4 68	OF INITIBY (a.e. in	or obout 2TC. WHERE DID	/If in Relainee	City, give exoct location)
	OR CONTRIBL	JTING 🗌 CAUSE OF 💛	home, form	, foctory, street, of	fice bldg., INJURY OCCUR?	th in commore	City, give exoct locononi
	0	medical examined					
	OF INJURY	(Month) (Doy) (Year)		YOCCURRED	21F. HOW DID IN	JURY OCCUR?	
	(APPROX)		While At	Not While	e		
	22. I certify	that (1) (this haspital)	attended the dec	eosed from	1/10/66	19 66 to 111	123 1966.
		Jast saw the decease	, , , , ,	1/72	19 66 and th		ian deoth accurred on the date
				A COLUMN TO THE PARTY OF THE PA	iew the bady after death.		di decine di me dare
	23A. SIGNATU		ed dbove. (1) (me)(	(did har) v	iew the bady after death.		23B. DATE SIGNED
	9	- / //	0//		nding Med.	Stoff	1 6
	Cres Buyerer	eng. Oct	seller	Phy	s. Director	Phy s.	11/23/66
	23C. PHYSICIA	ype)	11		230. ADDRESS	1/	10
	E	ruon H-1	405541	bergm.D.	Silver	- 195 PC	YOL,
	24A. BURIAL CRE	MATION, 24B. DATE	24C. NAME of	CEMELERY OF CRE	MATORY 24D. I	LOCATION / (City	, town, or county)   Stote)
	BURIA	c 11-28.	-66 LORA	AINE P	PARK BA	ALTIMORE	MARYLAIYT
	25A. DATE REC'D	BY HEALTH DEPT.	258. NAME OF REGI	STRAK	25C. FUNERAL DIRECTO	R	ADDRESS
		NOV 25 1966	Robert E.	Jane M.A.	WEBER FUNE	BAL HOME 5311	EDMONDSON AVE
	V\$ 150-REV. 1/1/	65				- 11-1 JE - VII	



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

V200	BALTIMORE CIT	Y HEALTH DEPARTMENT		200 13E00			
BIRTH NO. 60 11/93	CERTIFICA	ATE OF DEATH	Registered No	66 11793			
M.E. CASE NO.	0	2. DATE AND I	HOUR OF DEATH				
(Type or Print) Youse MRS.	Mary B.	1/-	-24-66	12:15 Clim.			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whoro de A. STATE B. COUNTY	occosed lived. If ins	titution; residence before admission)			
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddross or location) INSTITUTION	ion, give stroot	C. CITY OR TOWN (If outside	city limits, write RI	URAL ond give township)			
34		D. STREET ADDRESS (If rurol	, givo location)	20-05			
BON SECOURS H	tospital	431 East	LyNR	Ave.			
5. SEX 6. RACE WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)		AGE (In years birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B, KIN)	O OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?			
House wife		Baltimore	e - Md.	U.S.A.			
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME					
TOOKXXXX JOHN BE	RAITSCH	Elizabeth					
(Yes, no or unknown) (If yes, give wor or dotos of serv	SECURITY NO.		Jr922 F	alladi Prive - #27			
18. / /	CAUSE	OF DEATH	10 Offee	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH			
LEADING TO DEATH	(A)	Heart Failu	re, Conge	eliné			
(This does not mean the mode of dying, healt foilure, osthenio, etc. It means the dise	e.g., DUE TO	Heart Failu Hypertension Myocardial in T	8				
injury at camplication which caused death.)  ANTECEDENT CAUSES	(B)	History Tension	2				
DISEASES OR CONDITIONS, if any, gi	DUE TO	01	4				
lise to the above cause (A) stating	The (C)	Myocardial in	arction				
UNDERLYING CONDITION Iosi.		0					
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE						
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yos or No) 2	OB. IF YES, WERE F	INDINGS CONSIDERED			
19A. DATE OF OPERATION 19B. CONDITION 5 WAS PERFORMED			N CERTIFYING CAU				
OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, stroot, otc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltimore	City, give exect lecetion)			
21D. TIME (Month) (Doy) (Your) (Hour)	21D. TIME (Month) (Doy) (Your) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?						
While At Not While At Work							
22. I certify that (1) (this haspital) attended the deceosed from Nov. 22 19 to Nov. 34 1966.							
that (1) (we) lost saw the deceased alive an No.V. 24 19 66 and that in(my) (aur) opinion death occurred on the date							
and hour and from the couses stated abave. (1) (We) (did) (did nat) view the body ofter deoth.							
23A. SIGNATURE 23B. DATE SIGNED							
ham Work Jang M.D. Attending Mod. Diroctor Phys. & Nov. 24, 196							
23C. PHYSICIAN'S NAME (Typo)	1	23D. ADDRESS	1.1	+ 0			
NAM DOH	YANG M.D	DON SECOME	& Mospi	lak			
REMOVAL (Spocify)	C. NAME of CEMETERY or C		ATION V(City	y, town, or county) (Stote)			
Burial 11-28-66	Loudon Park Ce		timore, Md				
NOV 25 1966 (Lab)	ME OF REGISTRAR	25C. FUNERAL DIRECTOR Witzke F.D41	Ol Edmonds	on Ave.			
VS 150-REV. 1/1/65							



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suck written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO.	66 1179	1		TE OF DEATH	Registered Na	66 11794
M.E. CASE NO.  1. NAME OF OECE (Type or Print)	JOHN	T. DIFF	TENBAUCH, Sr.	2. DATE AN	10 HOUR OF CEATH	17.35 P.
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospitol address or locotic (DOA) Union	or institution, on)		d. USUAL RESIDENCE (Whe A. STATE B. COUN C. CITY OR TOWN (If our LEGAL COUNTY) C. STREET ADDRESS (If	itside city limits, write	RURAL and give township
5. SEX	6. RACE	WIDOWE	NEVER MARRIEO D, DIVORCED (specify)	1653 Kalwa  B. DATE OF BIRTH  Aug. 12 1880	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months, Ooys Hours Min.
done during most of w		Balto	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore  Penna.	rign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM		augh	16. SOCIAL SECURITY NO.	14. MOTHERS MAIDEN NA Sarah Sliger 17. INFORMANT Nellie H. Da	7	ADDRESS Same
Olse As (This does no heart failure,	E OR CONDITION DI LEADING TO DEATH of I mean the mode of pashenia, etc. It mean olicotion which cause	l dying, e.g., s the disease,	DUE TO	F DEATH Linoma Bronc	00 0	INTERVAL BETWEEN ONSET AND DEATH (6 mod.
DISEASES O	RECEDENT CAUSE  R CONDITIONS, if obove couse (A) CONDITION last.	ony, giving slaling the				
TO THE DE DISEASE OR OF 19A. DATE OF	OPERATION 198. COLUMN 198. COL	ATED TO THE	WHICH OPERATION	No	O) 20B. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
_ OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medicol exominer)  (Month) (Doy) (Year)	/o horn etc.	ne, form, foctory, street, o	21F. HOW DID IN.		ore City, give exact locotion)
22. I certify that (I) (we)	last saw the deceas	Wo H) attended to ed alive an	the deceased from 4	an .	19 61 ta 23	Nov 1966.
23A. SIGNATU	word If.	Mos	,	ending Med. s. Director	Stoff Phy s.	238. DATE SIGNED 23 Nov 66.
NAME ITY	MATION, 24B. DATE pecify)  11-26 BY HEALTH DEPT.  NOV 25 1968	J. Mc   24C.N   -66   Pa	M.D.  AME of CEMETERY of CR  TRWOOD CEMET  OF REGISTRAR  TO THE TRY TH	tery Be	altimore,	Baltimore, Md.

197. VEN 1981

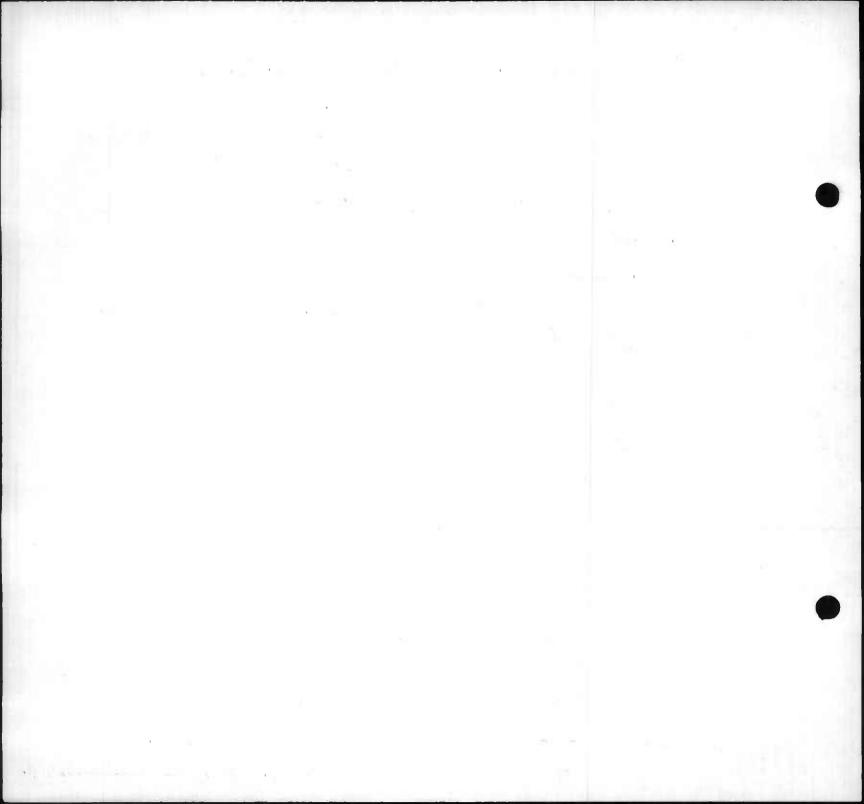
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BALTIMORE CITY HEALTH DEPARTMENT

Registered Na.

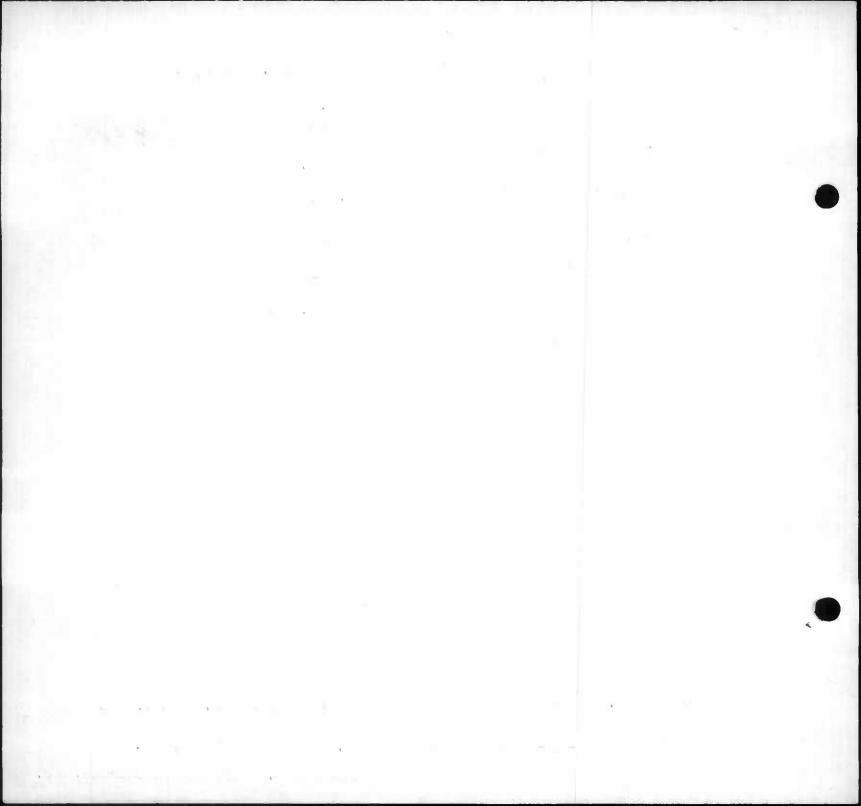
66	-9	4	Dog	
00	1	J.	130	

BIRTH NO. CERTIFIC	CATE OF DEATH Registered No.	11.700
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	2050
(narles y. Nicharasor		1 - P. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, II instit A. STATE B. COUNTY	ution: residence before admission)
FULL NAME OF (II not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RUI	RAL and give township)
5112 Ardmore Way	Baltimore 3	1-01
o o	D. STREET ADDRESS (If rurol, give location) 5112 Ardmore Way	
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED		II Under 1 Yr II Under 24 Hrs.
male white married	Jan. 10, 1887  9. AGE (In years tost birthday) 79	II Under 1 Yr. II Under 24 Hrs. Nonth's Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired   Lumber	North Carolina	ISA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0107 1
James T. Richardson  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL	Anna Upton	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates at service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
216074840	Anne E. Richardson	same
	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	& of Jung	Z WIOS.
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, if ony, giving		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. Date of operation 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	g., in or obout 21C. WHERE DID (If in Baltimore C NJURY OCCUR?	lity, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY		
Work At W	ork U	1
22. I certify that (I) (this haspital) attended the deceased from	1945 19 10 11	123 1966
	O19and that in(my) (aut) apinio	in death accurred an the date
and haur and fram the causes stated above. (1) (Me) (did) (did no		
Toucha ( ) to 1 7001	Attending Med. Director Phys. 22	BR. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) WARTER KAR GIN M	.D. 4331 Harford	4
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)  6 Urial 11-26-66 Parkwood (em	0 4	town, or county) (State)
SEA BATT PERIOD BY UPALTH DEST		ADDRESS
258. NAME OF REGISTRAN	Leonard J. Ruck, Inc	Baltimore, Md.
VS 150-REV. 1/1 863		



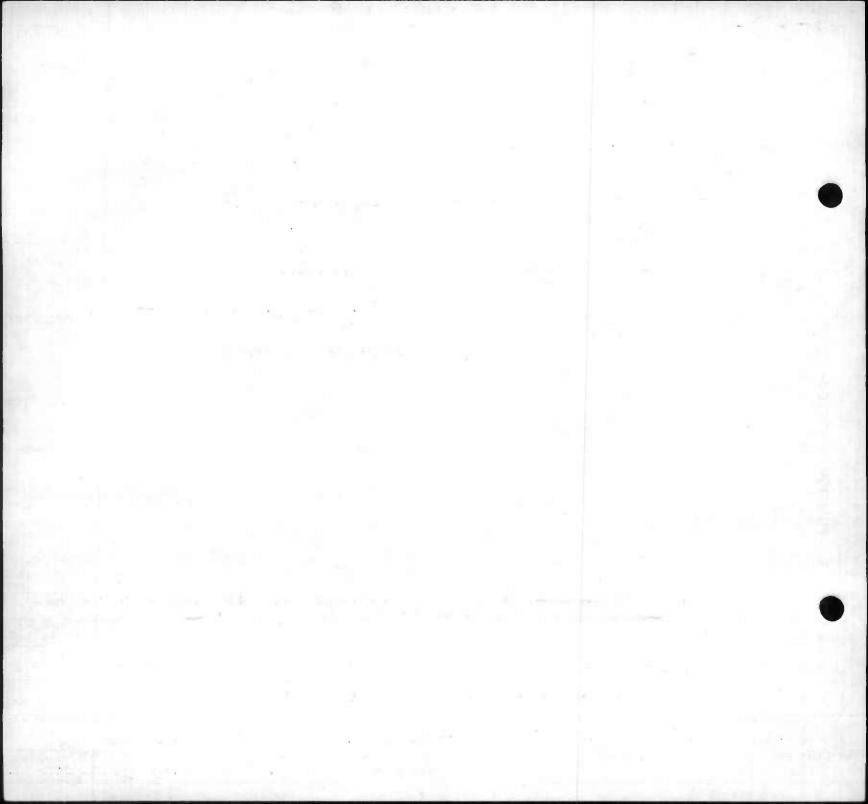
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.		2.	_7_	6
this certificate must be approved by the chief medical examiner or his assistate body was released to the hospital by a medical examiner. Also, if the hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kincura D.O.A. at a hospital (except where the physician who pronounced dealecased prior to death); and (6) No physician was in regular attendance or titten approval must be obtained before the remains are embalmed or final		int if death occurred in a hospital and direct or contributing cause of death	1; (4) Undetermined cause; (5) Deceased th was in regular attendance on the	on the deceased prior to death. Such disposition is made.
this certificate must be approved by the chief medical examiner or his as the body was released to the hospital by a medical examiner. Also, if hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any vas D.O.A. at a hospital (except where the physician who pronounced leceased prior to death); and (6) No physician was in regular attendad vritten approval must be obtained before the remains are embalmed or	RTAI	ssista	kind	final
his certificate must be approved by the chief medical examiner or he body was released to the hospital by a medical examiner. Al hows: (1) An accident of any nature; (2) Body burns; (3) A fracture vas D.O.A. at a hospital (except where the physician who pronor leceased prior to death); and (6) No physician was in regular at vritten approval must be obtained before the remains are embalmed.	MPO	his a	of any	tenda
his certificate must be approved by the chief medical examine he body was released to the hospital by a medical examine hows: (1) An accident of any nature; (2) Body burns; (3) A fractas D.O.A. at a hospital (except where the physician who pleceased prior to death); and (6) No physician was in regularitien approval must be obtained before the remains are emi	3: -	er or	ture	ar at
his certificate must be approved by the chief medical he body was released to the hospital by a medical hows: (1) An accident of any nature; (2) Body burns; (2) as D.O.A. at a hospital (except where the physician leceased prior to death); and (6) No physician was intitten approval must be obtained before the remains	RECTO	examin	3) A fra	n regul are em
his certificate must be approved by the chief me he body was released to the hospital by a med hows: (1) An accident of any nature; (2) Body but as D.O.A. at a hospital (except where the physlecased prior to death); and (6) No physician viritten approval must be obtained before the ren	DIR.	dical	rns; (; sician	vas i
his certificate must be approved by the chicke body was released to the hospital by a hows: (1) An accident of any nature; (2) Bocyas D.O.A. at a hospital (except where the lecased prior to death); and (6) No physicytiten approval must be obtained before the	ERAI	ef me	ly bu	cian v
his certificate must be approved by the body was released to the hospital hows: (1) An accident of any nature; (2 vas D.O.A. at a hospital (except where leceased prior to death); and (6) No pritten approval must be obtained bef	N	e chie	2) Boc e the	shysicore th
his certificate must be approved he body was released to the hos hows: (1) An accident of any naturas D.O.A. at a hospital (except leceased prior to death); and (6) written approval must be obtaine		by th	wher	d bef
his certificate must be apprhe body was released to the hows: (1) An accident of any ras D.O.A. at a hospital (expecased prior to death); any ritten approval must be ob		oved e	cept	nd (6)
his certificate must be he body was released hows: (1) An accident cas D.O.A. at a hospite leceased prior to deatheristen approval must		appr	of any	h); all
		his certificate must be the body was released	hows: (1) An accident a	leceased prior to death ritten approval must t

MEC CASE NO.  I. NAME OF DECASED  I. DATE AND HOUR OF DEATH  II. DATE OF NOW.  III. DATE OF NOW.  III		00	BALTIMORE CITY	HEALTH DEPARTMENT					
NAME OF DECEASED   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0   1.0	11		CERTIFICA	TE OF DEATH	Registered No. 06 11796				
S. PLACE OF DEATH IN BAILMORE, MARKLAND  FULL NAME OF HOTHILL OR edices or incidence before odm's significant in the spirit or institution, give sheet edices or incidence before odm's significant in the spirit of institution, give sheet edices or incidence before odm's significant in the spirit of the spirit	1.	NAME OF DECEASED		2. DATE AND H	OUR OF DEATH				
FULL NAME OF MOSPIAL OR MOSPIAL O		giovannina (Jenn	ie) Lito	Nov. 2	3, 1966   130 P.M.				
MOSPITAL OR INSTITUTION   C.C. CITY OR TOWN Off outside city limits, write RURAL and give township)	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	ceosed fived. If institution: residence before admission)				
Baltimare  D. STREET ADDRESS  O.		HOSPITAL OR oddress or location)	on, give street		city limits, write RURAL and give township)				
3. SEK   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. ADE fin years   Months; Days   Months; Day				Baltimore	9-05				
S. SEX    S. RACE   MARRIED, NEVER MARRIED   S. DATE OF BIRTH   S. ACE (In years   Months) Days   Months) Days   Months   Days		021 C. 33rd Street		, -	Č				
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Samuel Dellaria   Samuel Del	11/	/ / · / WIDO	WED, DIVORCED (specify)		GE (In yeors birthdoy)  83  If Under 1 Yr. It Under 24 Hrs. Months Doys Hours Min.				
Housewife   Staly			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign c	ountry) 12. CITIZEN OF WHAT COUNTRY?				
14. MOTHER'S MAIDEN NAME   Sara Fashana   15. Was Decessed Ever in U. 3. Amed Forces?   16. SOCIAL   SECURITY NO.   17. INFORMANT   ADDRESS   SECURITY NO.   SAME   SECURITY NO.   SAME   SECURITY NO.   SAME   SAME   SECURITY NO.   SAME   SECURITY NO.   SAME   SAME   SAME   SECURITY NO.   SAME   SECURITY NO.   SAME   SAME   SAME   SAME   SECURITY NO.   SAME	1	11 • 1		Italy	Italy				
Security No.	13	FATHERS NAME			3700000				
Security No.		Samuel Dellaria		Sana Fashana					
18.   CAUSE OF DEATH   INTERVAL BETWEEN ONSET AND DEATH	15	Was Deceased Ever in U. S. Armed Forces?			ADDRESS				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthemia, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving mise to the above cause (A) stafring the UNDERLYING CONDITION lost.  To THER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  TO THE DEATH SUMPLIFIED TO THE DISEASE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING CAUSES OF DEATH?  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COURS WAS PERFORMED  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COURS WAS PERFORMED  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION OF MAINTING CAUSES OF DEATH?  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION OF MAINTING CAUSES OF DEATH?  TO THE SIGNIFICANT CONDITIONS CONTRIBUTING COURS OF MAINTING CAUSES OF DEATH?  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COURS OF MAINTING CAUSES OF DEATH?  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION OF MAINTING COURS OF MAINTING COURS OF MAINTING COURS OF MAINTING COURS OR COURS OF MAINTING COURS OF MAINTING COURS OR COURS OR COURS OF MAINTING COURS OR	11"		SECURITY NO.	Lauris O Tita	4.070.2				
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rise to the above cause (A) stating the UNDERLYING CONDITION last.    Condition   Conditio			DUE TO	000000	of Garage				
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19A. DATE OF OPERATION   198. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in ar obout of Normal Control of Normal Contr	NO LE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE BL	latual C	staraets				
21B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg, locally of the decay	TIELC	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?				
OF INJURY (APPROX.)  While At Not While Company Compan	14	OR CONTRIBUTING CAUSE OF  DEATH (notily medical examiner)	home, form, foctory, street, of	ar obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)				
22. I certify that (I) (this hospital) attended the deceased fram.  19.00 ta 19.00 t	l la	OF INITIBY			OCCUR?				
that (I) (we) lost sow the deceosed clive an	1				M 563 11				
that (I) (we) lost sow the deceosed clive an		22. I certify that (1) (this hospital) attended the deceased fram 000 39 1906 to 1906.							
and haur and from the causes stated obove. (I) (We) (did) (dld nat) view the bady ofter death.									
23A SIGNATURE A									
Walle allul M.D. Attending Med. Staff Director Phys. Director Phys.	. D 25 66								
23C. PHYSICIAN'S NAME, (Type) / walter A. Anderson M.D. 3001 Shannon Dr. Balto. Md.		NAME (Type)		C 1	Dr. Balta Md.				
24A. BURIAL CREMATION, PART PROVIDE PR	2	A. BURIAL CREMATION, 24B. DATE 24	.NAME of CEMETERY OF CRE						
burial 11-26-66 Holy Redeemer Cem. Baltimore, Md.		1 . 1 / / /	Holy Redeemen	Cem. Bal	timore, Md.				
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OFFREGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	2	A. DATE REC'D BY HEALTH DEPT. 258, NA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
VS 150-REV. 1/1/65 P. 25 1966 R. C. & E. Falley M. Leonard J. Ruck Inc Baltimore, Md.			of E. Jaken	Leonard J. Ru	ck Inc Baltimore, Md.				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and I the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO.  M.E. CASE NO.		TE OF DEATH	Registered No.	66 11797
1. NAME OF DECEASED (Type or Print)	Schroed	er 2. DATE AN	D HOUR OF DEATH	13 A. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospitol or institution oddress or locotion)  1610 E. Cold Spring	n, give street	4. USUAL RESIDENCE (When A. STATE B. COUN' Maryland C. CITY OR TOWN (If out: Baltimore	side city timits, write R	stitutian: residence before admission)  RURAL and give township)  Lane
7 / //// widow	D, NEVER MARRIED VED, DIVORCED (specify)		P. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Month's Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired) Housewife  13. FATHERS NAME  John Frank Heimbuch	OF BUSINESS OR INDUSTRY	Maryland  14. MOTHER'S MAIDEN NAM  Pauline Mo	gn country)	12. CITIZEN OF WHAT COUNTRY?
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or doles of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT Mr. Harry E.S		ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e. heart failure, asthenia, etc. II means the diseas injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving its latter above cause (A) stating It underlying Condition tast.	(B)	ultiple scle	r0S1 <u>S</u>	ONSET AND DEATH  3 m CS.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  U 21A. ACCIDENT WAS UNDERLYING 12	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF	18. PLACE OF INJURY (e.g., come, form, foctory, street, cotc.)	n or about 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact locotion)
OF INJURY  (APPROX)  (Month) (Doy)   Year)   Hour) 2	TE INJURY OCCURRED  While At  Not Whi Work  At Work	21 F. HOW DID INJU	JRY OCCUR?	
22. I certify that (I) (this hospital) ottended that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave.  23A. SIGNATURE  23C. PHYSICIAN'S NAME IType) R Dang L Je	the deceased fram November  (1) (We) (did) (did nat)	23 1966 and the view the bady after death.	9 66 to NOV  ott in(my) (out) apir  Stoff Phys.   Full R.A.	nlan death accurred on the date  238. DATE SIGNED  11 - 25 - 66
Burial 11/28/66	NAME of CEMETERY of CR Meadowridge		timore, Mo	ty, town, or county) (State) aryland
NOV 2.5 1966 (258. NAME)	E Falley H	25C. FUNERAL DIRECTOR		5305 Harford Rd



CERTIFICAT

MEDICAL

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death.

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a hospital and

BIRTH NO. 66 11798		HEALTH DEPARTMENT	Registered No	66 11798
M.E. CASE NO.				
1, NAME OF DECEASED (Type er Print)  Kenyon	Burdio		23, 1966	7:12 A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		titutien: residence before edmission)
FULL NAME OF (If net in hespitol er institution, gr HOSPITAL OR eddress er lecotion) INSTITUTION	ve street	Md.	side city limits, write R	URAL and give township)
11. · · · · · · · · · · · · · · · · · ·		Baltimor		1-01
Union Memorial Hospital			turol, give lecotion)	
44	4.77-4	5016 Bela	ir Road	
	DIVORCED (specify)		9. AGE (In yeers lost birthdey)	If Under 1 Yr. If Under 24 Hrs. Menths Deys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF		1. BIRTHPLACE (Stete er fere		12. CITIZEN OF WHAT COUNTRY?
done during mest et werking life, even if retired)  ABM Tabulator-Balto. City 13. FATHER'S NAME	Health Upt	. Maryland		USA
13. FATHER'S NAME	,	14. MOTHERS MAIDEN NA	ME	
Alfred A. Burdick		Katherine	Kenyon	
15. Wes Deceased Ever in U. S. Armed Ferces? (Yes, ne er unknown) Ilf yes, give wer or dates of service)	6. SOCIAL SECURITY NO.	77. INFORMANT		ADDRESS
no	214148992		Burdick	same
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF	te Myrachiel	Infriction	INTERVAL BETWEEN ONSET AND DEATH

(Ye	es, ne er unknown) Ilf yes, give wer or dotes of service)	SECURITY NO.	,,,,,		
	no	214148992	Dorothy A.	Burdick	same
	18.	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	in Cic	nte Myrende	I Infraction	-
	(This does not mean the made of dying, e.g. hearl failure, asthenia, etc. It means the disease injury or complication which caused death.)  ANTECEDENT CAUSES	. ari	inschute A	lens Divin	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.				
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				

DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes er Ne)

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in er obout 21C, WHERE DID home, ferm, foctory, street, office bldg., INJURY OCCUR? IIf in Beltimere City, give exoct lecetion) DEATH Inetify medical exemined etc.) 21 D. TIME (Doyl (Yeer) [Heur) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?

OF INJURY While At Not While [ (APPROX.) At Work Werk 22. I certify that (1) (this haspital) attended the deceased from

that (1) (wa) lost sow the deceased alive and that in (my) (our) apinion death occurred on the date

and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.

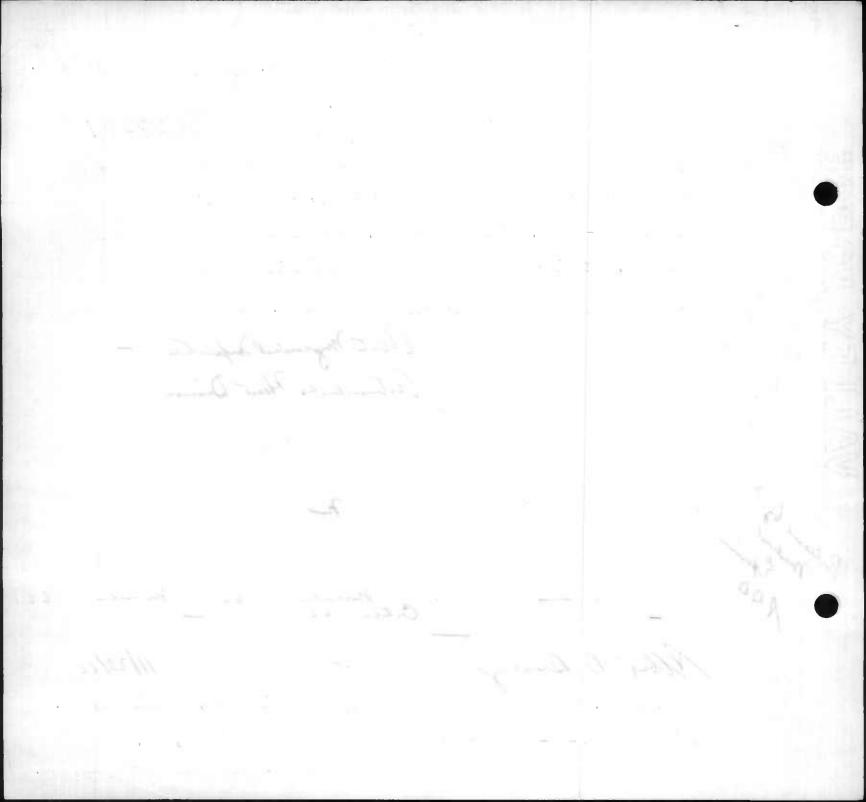
3A. SUSTI ATURE	14				23 B. DA	E SIGN	1FD
Jon B	Bredley	M.D.	Attending Med. Director	Steff Phys.	111:	23/	10

23C. PHYSICIAN'S 23D. ADDRESS Albert B. lair Road.

24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)

11-26-66 Parkwood
H DEPT. 258. NAME OF REGISTRAN emete 25A, DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

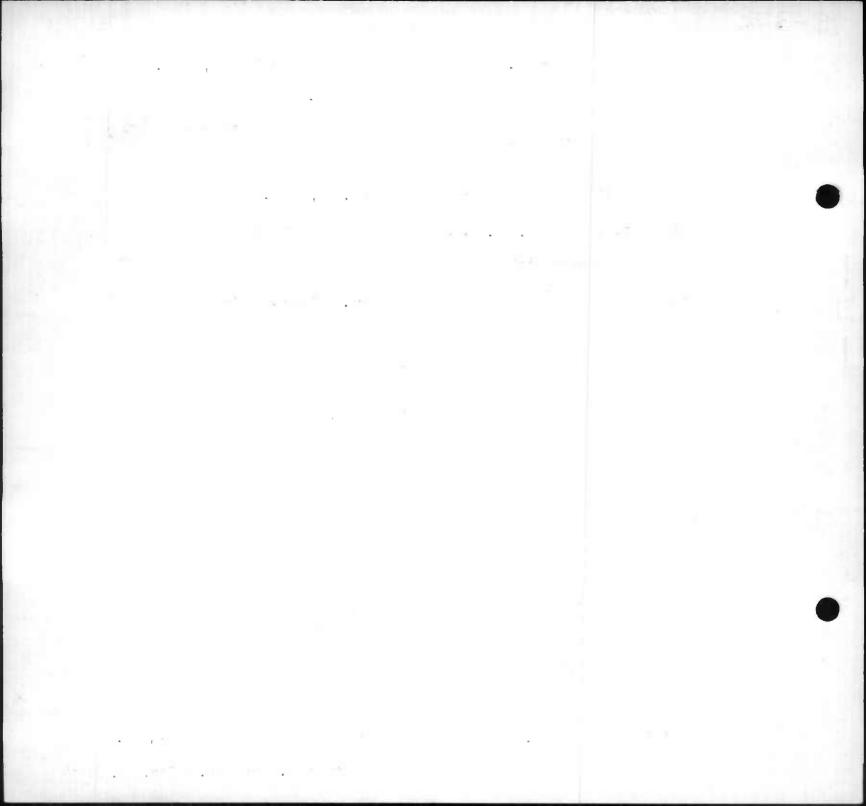


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BALTIMORE CITY HEALTH DEPARTMENT 66 11799 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) V. Stein November 23, 1966. 10:00 AN

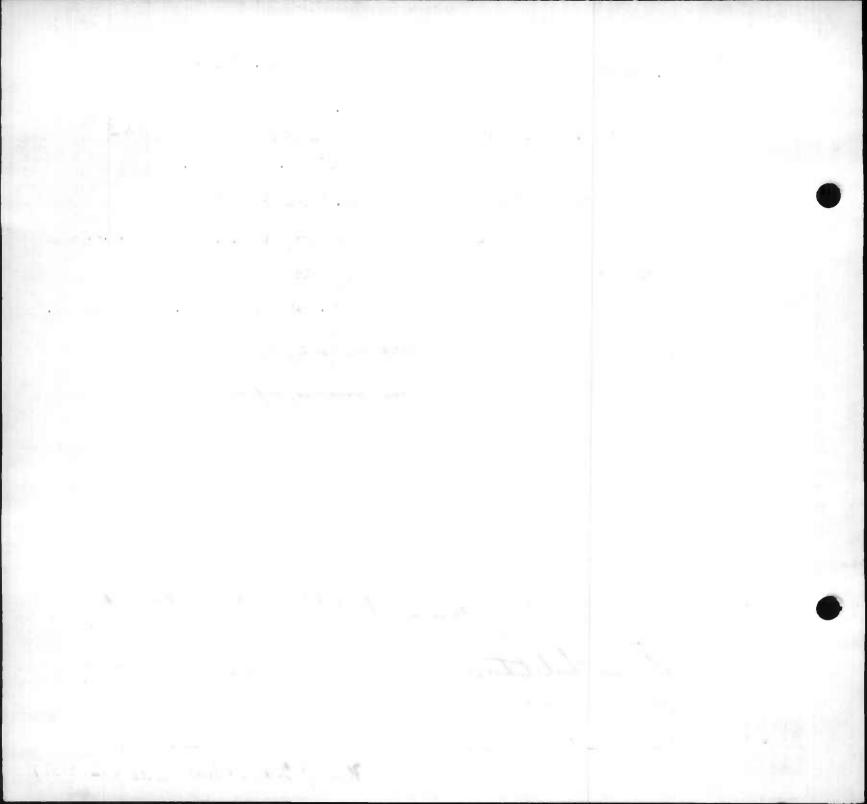
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissian) Edward 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore 5803 Hillen Road D. STREET ADDRESS 5803 Hillen Road made. 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) Male White Aug. 23, 1887. Married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Maryland Retired Clerk B.& O. R.R. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Thompson George Stein 5. Was Deceased Ever in U. S. Armed Forces? 7. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. (Same) Mrs. Helen O. Stein No CAUSE OF DEATH INTERVAL BETWEEN 9 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed LEADING TO DEATH (This does not meon the made of dying, e.g., heart failure, osthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above couse (A) stoting the UNDERLYING CONDITION last, before the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION 198, CONDITION FOR WHICH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At (APPROX) Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive an... and hour and from the causes stated above. (1) (We) (aid) (did st) view the body ofter death. must 23A SIGN AT URE 23B, DATE SIGNED Attending L Med. M.D. Phys. Director NAME (Type) 23D. ADDRESS

of death (4) Undetermined cause; (5) Deceased hospital eath. ance contributing cause attend prior regular eceased Ľ death 0 attendance any the chief medical examiner regular who <u>e</u> physician physician was (2) Body 0 to the hospital by ere ° any nature; ¥hy 9 and .19 _____ ond that in(my) (our) opinion death occurred on the date death) hospital the body was released An accident prior to written approval O at 24A. BURIAL CREMATION, REMOVAL (Specify) deceased 0.0 11/28/66. Loudon Park Cemetery shows: Burial Baltimore, Md. Was 25C. FUNERAL DIRECTOR ADDRESS Ruck Inc. Balto. Md. 21214 VS 150-REV. 1/1/65



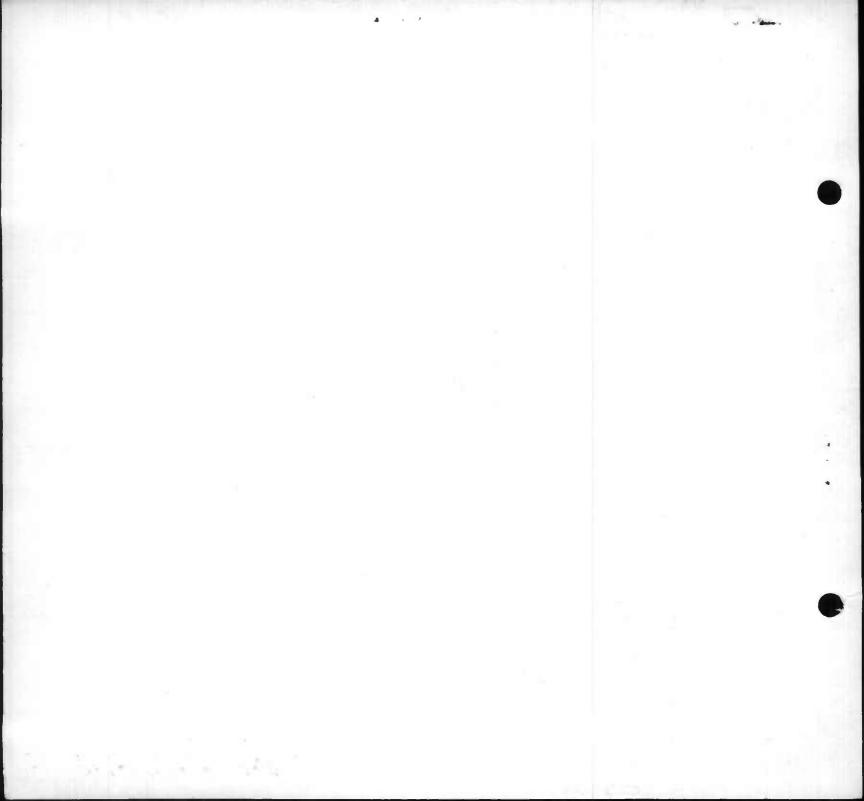
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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				BALTIMORE CI	TY HEALTH	DEPARTMENT		00.4	
BIRTH NO		66 1180	0	CERTIFIC	ATE O	F DEATH	Registered N	. 66 1	1811)
1. NAME	OF DECEASE						ND HOUR OF DEA	тн	
		N BALTIMORE, MA					. 22 1966		
E PLAC	E OF DEATH I	N BALTIMORE, MA	RYLAND		A. STATI		ere deceosed lived. I NTY	f institution; residen	ce before odmissio
HOSPI	NAME OF ITAL OR IUTION	(If not in hospital address or tocatio		give sheet	c. city	OR TOWN (If o	utside city limits, wri	te RURAL ond give	township)
^	3:	900 N. Cha	rles St		D. STREE	Baltimore T ADDRESS (	frurol, give location)	12-01	
0	0					3900 N. C	harles St.		
S. SEX	6. RA	CE	7. MARRIED, WIDOWEL	NEVER MARRIED D. DIVORCED (specify)	B. DATE	OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yı. Months: Doys	If Under 24 Hr Hours Min.
Fema	le	White	Wido	wed	Feb.	28 1893	73		
		ON (Give kind of wor g lite, even if retired)	108, KIND OI	BUSINESS OR INDUST	RY 11. BIRTH	IPLACE (State of for	eign country)	12. CITIZEN O	F DUNTRY?
	memaker			t home	Nex	York City	V N.Y.	U.S.	Α.
3. FATH	IER'S NAME				14. MOT	HERS MAIDEN NE	WE		
	Marcus	Propp			F	annie			
5. Wos Yes, no o	Deceased Ever unknown) (If y	in U. S. Armed Fores, give wor or dote	ces? s of service)	SECURITY NO.	17. tNFOI	RMANT		ADD	RESS
N	lo				M	ir. Alan L	bow 500 W.	Universi	ty Pky.
18.	420	/ I		CAUSE	OF DEATH				VAL BETWEEN
		CONDITION DI	RECTLY	0-	1		14 1 10		_
(This		ean the made of	dvina. e.a	DUE TO	85 CM .	Schroling	that De	search full	1 20/66
heor	rt foilure, osthe	nio, etc. It means	the disease,						
injui		tion which caused CEDENT CAUSES		(B) m	youn	wear un	loulu	Suc	de,
DISI		ONDITIONS, il		DUE TO	7	/			
rise	to the ob	ove cause (A)		(C)					****
UNI	DERLYING CO	NDITION last.							
≅ l To	THE DEATH	T CONDITIONS (	ATED TO TH						
	DATE OF OPE	PATION CAUSING	DITION FOR	WHICH OPERATION	20 A.	AUTOPSY? (Yes or N	10) 20B. IF YES, WE	RE FINDINGS CON CAUSES OF DEATH	SIDERED 1?
OR (	ACCIDENT W CONTRIBUTING		21 B hon etc.	PLACE OF INJURY (e.g. ne, form, foctory, street,	, in or about office bldg.,	21C. WHERE DID	(If in Boltie	more City, give exce	:t locotion)
2		nth) (Day) (Year)	(House 216	. INJURY OCCURRED		21F, HOW DID IN	IIIBY OCCUP?		
S OF I	INJURY PROX.)	This (Boy) (Teol)		ile At - Not W	hile 🦳	THE WORLD IN	JORT OCCUR.		
			Wo		-			2	
				he deceased from	gus		19 64 to	1-1-1-26	1966
that	(I) (we) last	saw the decease	ed alive an		19	6 G and t	hat in (my) (aur)	apinian death ac	curred an the do
	//	n the causes sta	ted abave. (	l) (We) (did) (did nat	view the	bady after death.	•		
23A.	SIGNATURE	1	10+	7	the dies -	14-4	S4-#	23 B. DATE SIG	NED
	Du	which	lihn		hys.	Med. Director	Stoff Phys.	11/23	164
23 C.	PHYSICIAN'S NAME (Type)				23D. ADD	RESS			
	STAMO	IZL VY	HITE	MOLSEM.					
	RIAL CREMATI MOVAL (Specif	ON, 248. DATE	24C. N	AME of CEMETERY of	REMATORY	24D.	LOCATION	(City, town, or cour	nty) (Stote)
-	rial	n = 1 = 1	66 Dr	uid Ridge			Pikesville	. Marvland	
25A. DA	TE REC'D BY H	EALTH DEPT.	25B. NAME	- Table 18		FUNERAL DIRECTO	R	A	DDRESS
	N	W 25 198	B P. Pio	& E. Janburg	- Wn	no Gilliok	ner & Jens.	Warth x /	2-21217
VS 150-F	REV. 1/1/65				В	-/-			



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

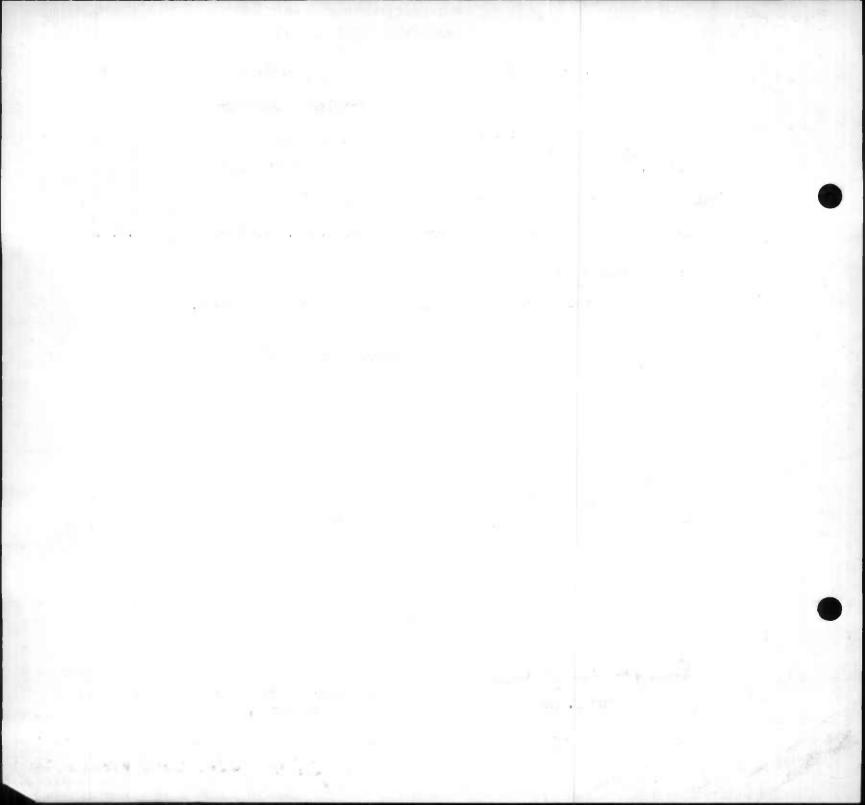


A	(10) 4451653	BALTIMORE CITY	HEALTH DEPARTMENT	0	0 44000
	TH NO. 66 11802	CERTIFICA	TE OF DEATH	Registered Na.	6 11802
1. N	BIRDE M	ALEY	2. DATE ANI	NOV. 21 17	9 30 AM
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	112-1	4. USUAL RESIDENCE (Where A. STATE B. COUNT		ion; residence before admission)
	FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location) NSTITUTION	on, give street	C. CITY OR TOWN (If outs	side city limits, write RURA	L ond give township)
11/2	( - 11	-201	BALTIMOR OF STREET ADDRESS (IF)	E 12-6	3
6	PONTEBELLO STATE HO		2733 CA	LVERT ST	
5. 3	F WIDO	ER MARRIED	MAR. 1, 1888	ost birthdoy) Mo	Under 1 Yr. If Under 24 Hrs. Hours Min.
100	. USUAL OCCUPATION (Give kind of work 108, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country 12	CITIZEN OF WHAT COUNTRY?
7	ELEPHONE OPERATOR		MD.	A E	U.S.
11.5	UERIOU MAIEL				
15.	Wos Deceased Ever in U. S. Armed Forces?		17. INFORMANT	WARD	ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dotes of service	214-46-7986	HOSPITAL 1	RELORD	
-	1B.	CAUSE OF		TE COND.	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Carr	ebral Thro	Los 6	) VEARS
	(This daes not mean the made of dying,	2.g., DUE 10	K Brai /hra	) M D(3) 3	2 7611113.
	heart foilure, osthenio, etc. It means the disectinjury or complication which caused death.)	A	TERIOSCLER	22515	
	ANTECEDENT CAUSES	DUE TO	100105666	5.0.51.2.	
	DISEASES OR CONDITIONS, if ony, givenise to the obove cause (A) stating UNDERLYING CONDITION last.				
	II II				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE ARTERIOS	CLEROTIC HEA	RT DISEASE	3 YEARS.
RTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CHRITEYING CAUSES	INGS CONSIDERED OF DEATH?
CAL CERI	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi etc.)	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore Cit	y, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED  While At Work  At Work	21 F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (1) (this haspital) attended		12-29 1	964 10	11-21 19 66
	that (M (we) last saw the deceased alive	on	19 66 and the	at in (my) (aur) apinian	
	and haur and from the causes stated above				
	23A. SIGNATURE	M.D. Atter	nding Med.		11-21-66
	23 C. PHYSICIAN'S	Phys	Director	Stoff Phy s.	7-21-66
24/	NAME (Type) Irving L. Coopens	tein M.D.		TATE HOSPITA	IL, BALTO MD.
24/		C. NAME of CEMETERY OF CREA			own, or county) (State)
	Burial 11/23/66	Baltimore Cemete	-0	th Ave & Rose	St. Baltimore, Mo
25/		A E Fally M.B.	25C. FUNERAL DIRECTOR	6 a Com Man	th x Par. 21227
	150-REV. 1/1/65	DE NOWWOOD	Wm Sy. Wick	JEC 1 1010 - 1101	en roce. 2/22/

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-	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	10	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
the body was released	-	.=	# ±	
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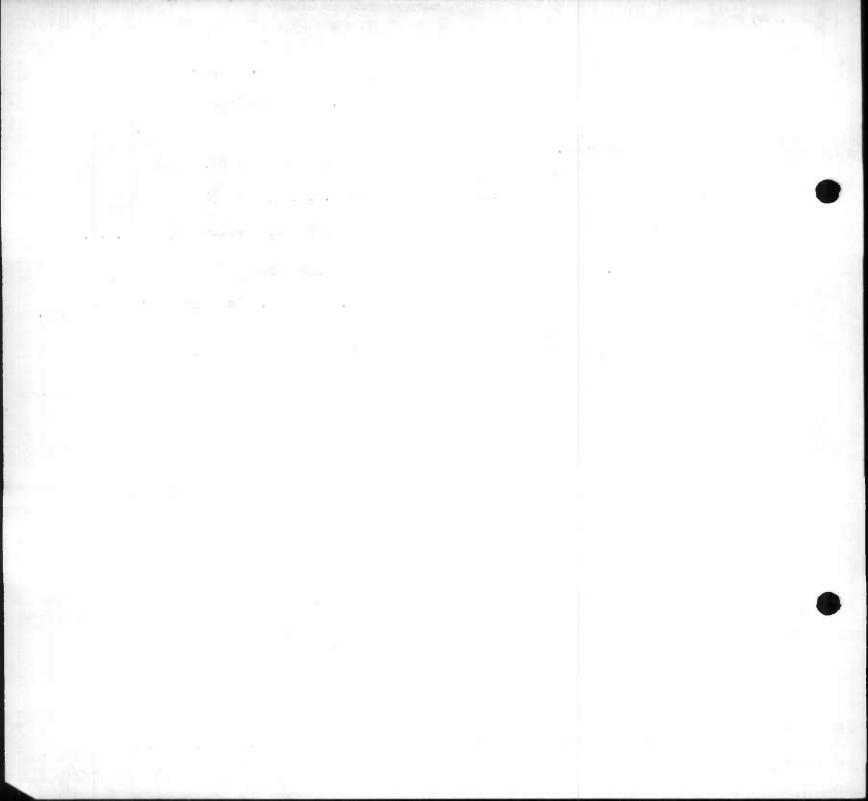
		00 440	10	BALTIMORE CITY	HEALTH DEPAR	TMENT		0.0		
BIRT	H NO.	66 118	13	CERTIFICA	TE OF DE	ATH	Registered I	No 66	1180	.5
	CASE NO.	ACED		CERTIFICA			ID HOUR OF DEA			
	e or Print)			,	1			ATM	. 0 00	
2 1		COUSINS, JOHN		1	HA HEHAL BESIDE	11/21	re deceased lived.	16 1 17 17	8:30	A
3. 1	TACE OF DEA	IN IN BALIMORE, MA	RILAND		A. STATE	B. COUN	TY	It institution	: lesidence beto	ole odmissigr
1	FULL NAME OF	(If not in hospital oddiess or location	or institution,	give stieet	Maryland	Bal	timore	rite RURAL	ond give towns	hip)
		Administration	n Hospi	tal					53	20
		Raven Boulev			Luthervi	ESS (If	rurol, give location	)		
-		Maryland	0.2 0.		107 Hedg	boottos	Road			
	EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In years	If Un	ider 1 Yı., If U	Under 24 Hrs
20		170		D, DIVORCED (specify)			lost birthdoy)	Month	Doys Hou	rs Min.
	ale_	White	Widow	F BUSINESS OR INDUSTRY	10/14/98	5	68		<u> </u>	<u> </u>
don	e during most of w	orking lite, even if retired)	IOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or fore	ign country)		ITIZEN OF	Y?
	Nursing		Registe	ered Nurse	Baltimor	re, Ma:	ryland	Ţ	J.S.A.	
13.	FATHER'S NAM	E			14. MOTHERS M.	AIDEN NA	ME			
	D1 .1 .	0			36					
		Cousins	_		Mary Kil	roy				
15. (Ye:	Was Deceased s, no or unknown)	Ever in U. S. Armed Far (If yes, give wor or dote	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS	
	<b>Tes</b>	9/19/17-2/1	7/18	120-14-9500	VAH Recor	rds Ba	altimore,	Maryla	and	
_	18.	7 7 1		CAUSE O	F DEATH				INTERVAL B	ETWEEN
	100	E OR CONDITION DIE	CTIV	0.1000	· othin				ONSET AND	
							2000		6 36-	
	(This does not mean the made of dying, e.g., DUE TO			nchogenic	carcu	noma		6 Mo	nuns	
	heart failure,	asthenia, etc. It means	the disease,							
	injuly at camp	olication which caused	death.)							
	Α	NTECEDENT CAUSES		DUE TO						
		R CONDITIONS, if								
		abave cause (A) CONDITION last.	stoling the	(C)						
	ONDERETING	CONDITION IGSI.								
z			O 11 = 010   1 = 11							
ATIO	TO THE DE	ATH BUT NOT RELA	TED TO TH	E E						
CA	19A. DATE OF	CONDITION CAUSING I		WILLOW CONTACTION	120.4	. //	V 008 15 150			
ERTIFIC	TA. DATE OF	WAS PER		WHICH OPERATION	20A. AUTOPSY	rites or No	IN CERTIFYING			D
ER	<u> </u>		7		Yes					
O	OR CONTRIBU	TING CAUSE OF		PLACE OF INJURY (e.g., in			(II in Bolt	more City, g	give exact locat	tion)
CAL	DEATH (notify	medical examiner)	etc.							
_		(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21 F. HO	W DID INJ	URY OCCUR?			
×	OF INJURY		Wh	ile At Not Whil						
			W ₀							
	22. I certify	that (1) (this hospital	) attended t	he deceased from Ju	ly 13th		19 66 to No	vember	r 21st	19 66
	that (N (we)	last sow the decense	d alive an	November 21	st 19 66	and th	ot in (also (our)	oninion de	eath accurred	on the de
							01 111(18/9) (001)	opinion de	Julii occorred	on the do
			ed above. V	) (We) (did) (did not) /	iew the bady aft	er death.				
	23A. SIGNATUI	A	0 0				F 11	23B. D	ATE SIGNED	
	Luce	JR. Tleer	ell.	M.D. Atte	s. Me	ed. ector	Stoff Phys. X		11/21/	66
	23C. PHYSICIAL				23D ADDRESS	- 7 20/		D-		
	NAME (Ty	Guy R. Ne	Mell	M.D.	VA Hospit	ועל דוף	Joen Ka	rven Bo	Julevard	
244	BIIDIAL CREA	AATION, 24B. DATE		AME of CEMETERY of CRE	Bal		e, Marylar			10
247	REMOVAL (S	pecily)		TIME OF GENTELEKT OF CRE	MAIORI	24 D. L	OCATION	(City, town	n, or county)	(Stote)
	Burial	11/23/	66 A1	clington Natio	nal Cemete	ery A	rlington,	Virgi	nia	
254	DATE REC'D	RY HEALTH DEPT.		OF REGISTRAR	25C FLINERAL	- 1			ADDRES	c



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

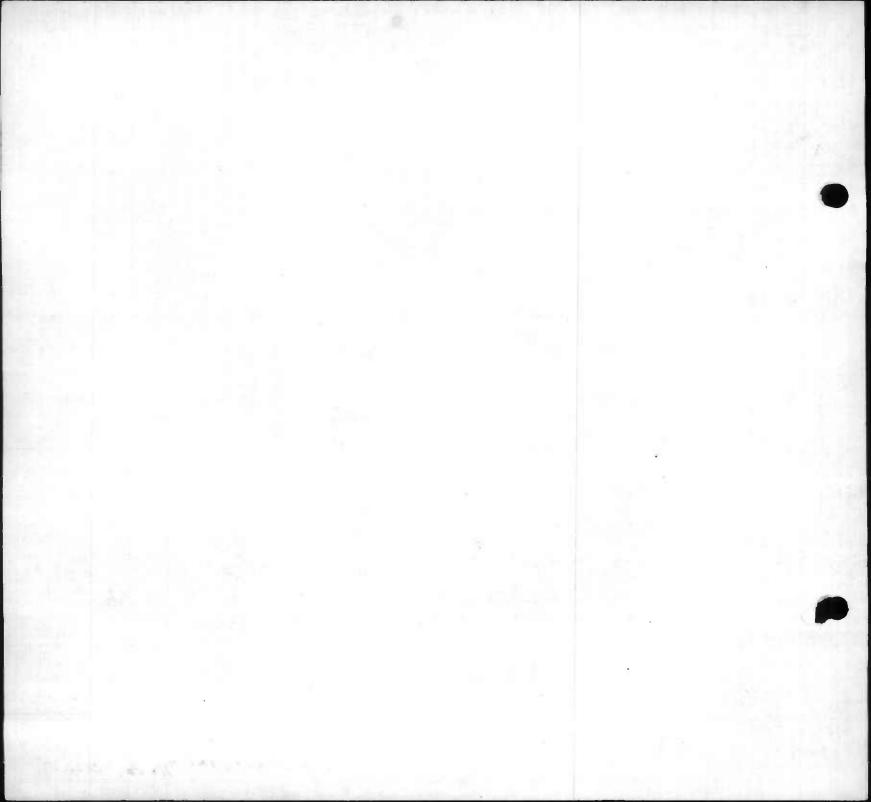
				BALTIMORE CITY	HEALTH	DEPARTMENT	\ /	ce	13 60 4
1	NO. E. CASE NO.	66 118	04	CERTIFICA	TE C	F DEATH	Registered No	00	11.804
1, N	IAME OF DEC	EASED				2. DATE A	ND HOUR OF DEAT	н	
		Myra Bange	rt			Nov	20 1966		Mesidence before odmission)
3.	PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		A. STAT		ere deceased lived. If NTY	institution: re	esidence before odmission)
11	FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospital oddress or facatio	or institution n)	, give street	C. CITY	or town (If o	Itimore (	e RURAL one	d give township)
1	Goul	d Convalesari	um			owson			63-00
	0 6116	Belair Rd.				6808 Blenh			
5. S	male	6. RACE White		D, NEVER MARRIED ED, DIVORCED (specify)		t.6. 1884	9. AGE (In years lost birthdoy)	Months:	Doys Hours Min.
102	. USUAL OCC	UPATION (Give kind of working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTI	IPLACE (State or for	eign country)	12. CITI	ZEN OF AT COUNTRY?
1001		Worked			В	altimore,	Marvland	II	S.A.
13.	FATHER'S NA	ME			14. MO1	HER'S MAIDEN NA	AME		
	Tam	es W. Bangert				Ella Gorm	2.00		
15.	Wos Deceased	Ever in U. S. Armed For	rces?	16. SOCIAL	17. INFO	RMANT	an		ADDRESS
(Te	No or unknow	(If yes, give wor or dote	es of service	SECURITY NO.	Mr.	Edward I.	Rich 1st	Mettl	Ronk
-	7.1.17	0 0 4		CAUSE O			14611 150		INTERVAL BETWEEN
	DISEA	SE OR CONDITION DI	RECTLY						ONSET AND DEATH
		LEADING TO DEATH		(A) Ca	neh	al ras	ula des	41 -	24 Len
		not meon the made of osthenio, etc. It means		e, DUE TO		,			
		nplication which caused			1-	ingelia il	. cardin	- 5	Slan
		ANTECEDENT CAUSES		DUE TO	arn	la deur			
		OR CONDITIONS, if a bave cause (A)		9					
		G CONDITION lost.	orening in	(0)					
ATION	TO THE D	IFICANT CONDITIONS COEATH BUT NOT REL	ATED TO	NG THE					
		CONDITION CAUSING		WHICH OPERATION	[20A.	AUTOPSY? (Yes or h	o) 20B, IF YES, WE	RE FINDINGS	CONSIDERED
CERTIFIC	0	WAS PER					IN CERTIFYING	CAUSES OF	DEATH?
AL	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	2 h	1B. PLACE OF INJURY (e.g., i ome, form, foctory, street, o	n or obou	21C. WHERE DID	(If in Boltin	nore City, give	e exoct location)
MEDIC	21D. TIME	(Month) (Doy) (Year)	(Hour) 2	E. INJURY OCCURRED		21F. HOW DID IN	IJURY OCCUR?		
Z	(APPROX.)			Vhile At Not While Vork At Work	e				
	22	that (1) (this haspita			-2	La	19 57 to /	1,2 /	9 19 40
		) last sow the decease		11/10	10	1 - 1		pinian dec	th occurred an the date
		- W N W-							Jeconog dii ine ddii
	23A. SIGNAT		and above.	(I) (We) (₫⊅ð) (did not) v	riew the	bady atter death	•	23 B. DAT	E SIGNED
	1	1.1.1	16	M.D. Att	ending	Med.	Stoff	11	122/61
	23C. PHYSICIA	ANS	1 ac	Phy	23 D. ADD	Director	rhys.	1 1	1-18/
	NAME		ed V	Vace/ M.D.	7	of her	1 Avis B	aller	en 2/20/
24	A. BURIAL CRI	EMATION, 24B. DATE	24C.	NAME of CEMETERY OF CR	EMATORY	24D.	LOCATION	(City, town, c	or county) (Stote)
	Burial		66 Gre	enmount		Ba	ltimore, M.	arvland	
25	A. DATE REC'E	BY HEALTH DEPT.	25B. NAMI		25C.	FUNERAL DIRECTO	R		ADDRESS
		NOV 25 198	p OP	ent E stankent	W.	illiam J.	dickner+	Sone 7	Jorth + Pa ares
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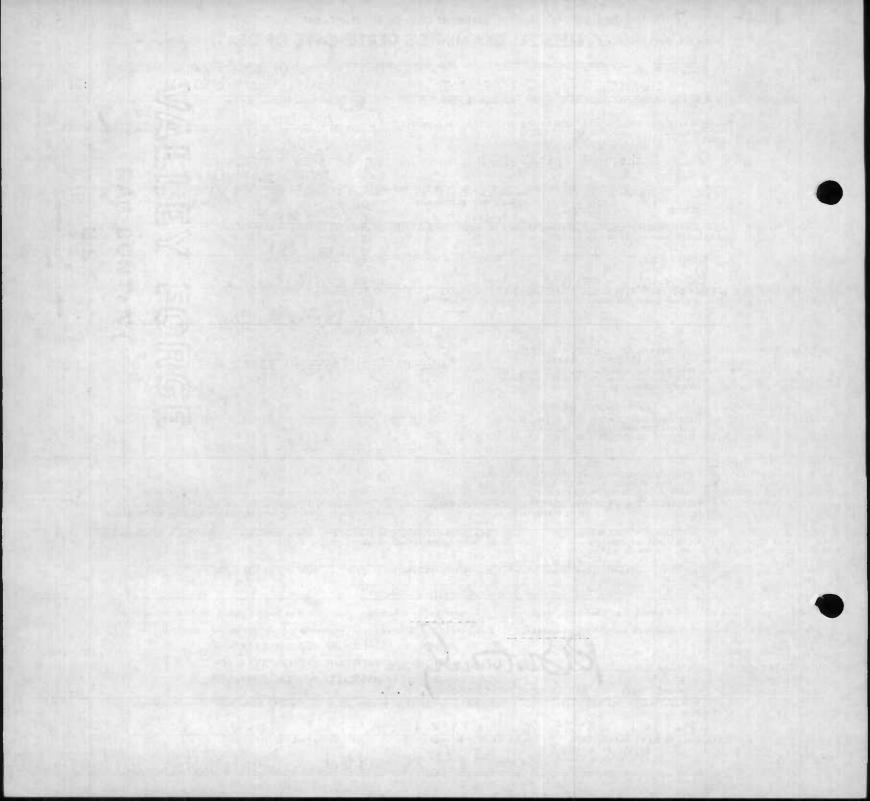


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	This certificate must be approved by the chief medical examiner or his assistant if death occur	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermi	was D.O.A. at a hospital (except where the physician who pronounced death was in regu	deceased prior to death); and (6) No physician was in regular attendance on the deceased	written approval must be obtained before the remains are embalmed or final disposition is my

	CC 11005 BAL	LTIMORE CITY H	EALTH DEPARTMENT		CC 1100~
		RTIFICAT	E OF DEATH	Registered No.	66 118.15
I, N	AME OF DECEASED  TO Print) ELEANOR L. BARA	IEC		7 4 Les	4:40 P
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4	. USUAL RESIDENCE (WYOR	TY	stitution: residence before admissio
1	CULL NAME OF (If not in hospital or institution, give street oddress or location) NSTITUTION		C. CITY OR TOWN (If out		
1	FRANKLIN SQUARE 1/03	PITAL	BAZTIMOR D. STREET ADDRESS (III	urol, give location)	33-00
	EX 6. RACE 7. MARRIED, NEVER M	0.2100.41		657- 14	
5. S	EMALE WHITE WIDOWED DIVORCE	ED (specify)		ost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS eduring most of working life, even if retired)	OR INDUSTRY	BIRTHPYACE TState or foreign		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14	MOTHER'S MAIDEN NAM		
	EHARLES LAMAR		ELEANOR	- ARINS	TRONG
Yes	Was Deceased Ever in U. S. Armed Farces? s, no or unknown) (II yes, give wor or dates of service)  11 6. SOCIA SECUS	RITY NO.	E. HOWITPLD 13	ARNES	TRONG ADDRESS 124 FOREST AVE
	18.33 / X I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) EER	EBRO-VAS	CULL R.	ACCIDENT
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO			### # ## ## ##########################
	injury or complication which caused death.)  ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, giving	DUE TO			a
	rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.	(C)			
	II				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP	ERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
CAL CE			or obout 21 C. WHERE DID e bldg., INJURY OCCUR?	(II in Boltimore	City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY C	Not While	21F. HOW DID INJU	JRY OCCUR?	
	(APPROX.)	At Work			1/2/
	22. I certify that (I) (this haspital) attended the deceas	sed from	· · · · · · · · · · · · · · · · · · ·	9 66 to	11 1-4 19 66
	that (1) (we) lost sow the deceased alive anand hour and from the causes stated above. (1) (We) (di	id) (did not) via		or in (my) (our) opi	nion deoth occurred on the d
	23A. SIGNATURE	10/ (010 1101) VIE	w the body direr dedin.		23 B. DATE SIGNED
	Timon a Miner	M.D. Attend	ing Med.	Stoll Phys.	11/24/66
	23C. PHYSICIAN'S NAME (Type)  TOUR AS A ALLER OF		PRADRESS PRADRUM	1 SOUND	ZE NOSPITAL
24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CE	EMETERY er CREM	ATORY 24D. LC	CATION (Ci	ty, town, or county) (State)
	Burial 11/28/66 Lorraine	Park Ceme	etery Woo	dlawn, Mary	land
254	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTR	RAR	25C. FUNERAL DIRECTOR	ener & Long	ADDRESS
1/6	NOV 25 1966 Report E. F.	ander this	1.000	1	nx Pa. 21217
15	150-REV. 1/1/65	100			



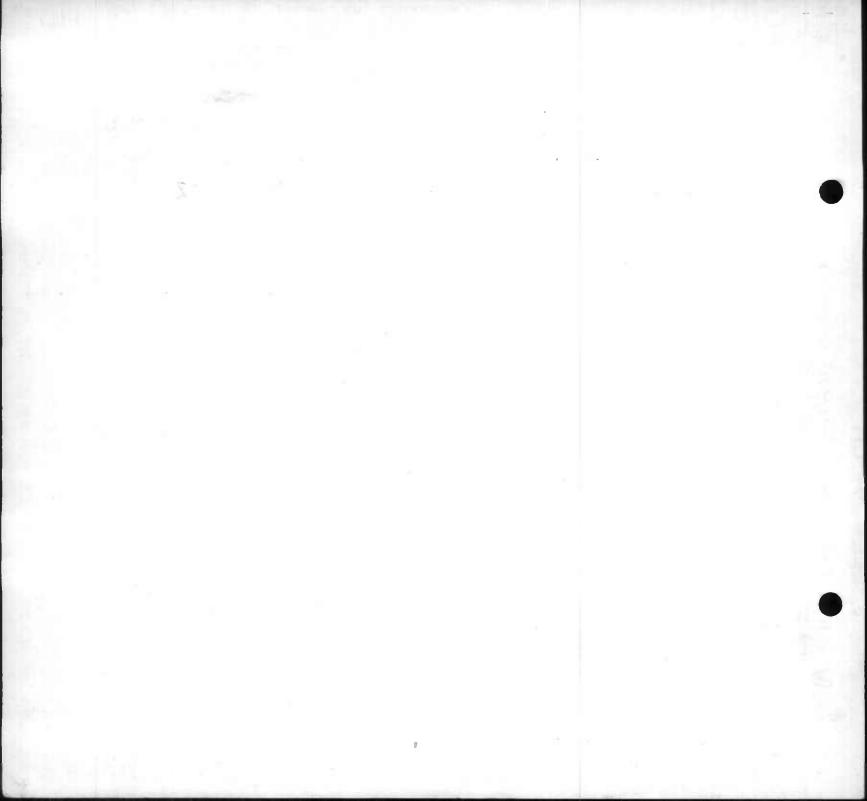
NAME (Type) Rudiger Breitenecker, M.D. 23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specify) Durla aure 24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR ADDRESS 24C. FUNERAL DIRECTOR to 11 m VS 151-REV. 1/1/65



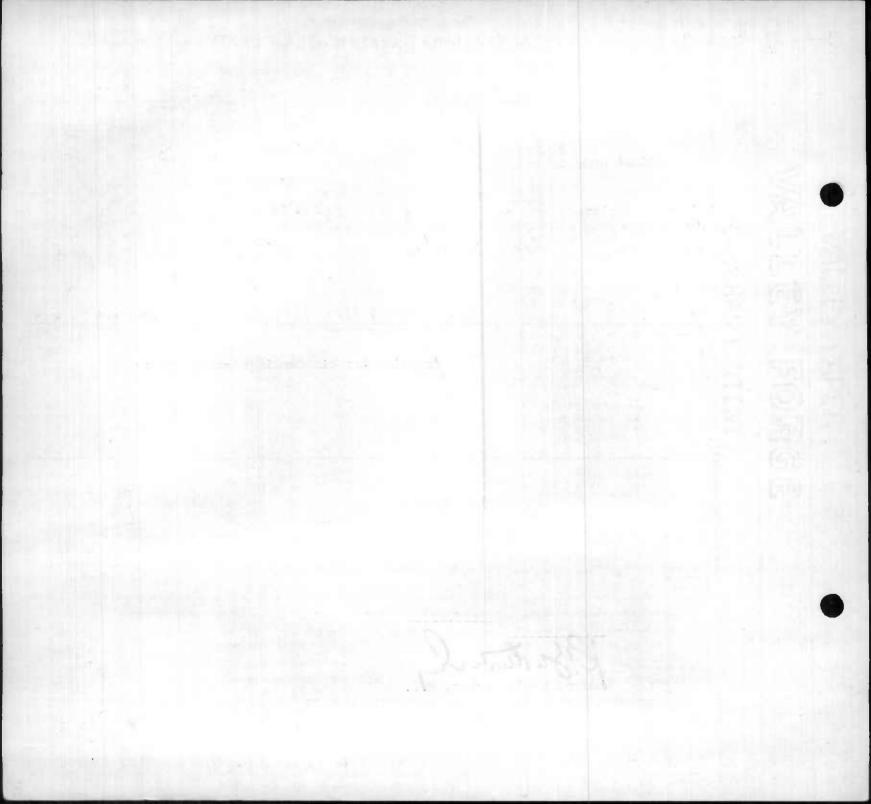
32-11-55

was D.O.A. deceased pr written app

**BALTIMORE CITY HEALTH DEPARTMENT** Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY C. CITY OR TOWN outside city limits, write RURAL and give township D. STREET ADDRESS (If rurol, give location If Under 1 Yr. Months: Doys If Under 24 Hrs. B. DATE OF BIRTH 9. AGE (In years Hours lost birthday) tOA, USUAL OCCUPATION (Give kind of work 108, KIND) OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 26 17. INFORMANT BCH 4940 EASTERN AVE. #24 INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact reconon) 21F. HOW DID INJURY OCCUR? and that In(my)) (our) opinion death occurred on the date ond hour and from the couses stated above ((1) (We)((did))(did not) view the body after death. 23 B. DATE SIGNED Staff Med. Director 23D. ADDRESS 50h 4940 EASTERN AVENUE BALTO., MD. 21224 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY 24B. DATE 24D. LOCATION (Stote) REMOVAL (Specify) ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



BITH NO. M.E. CASE NO.	MEDICAL EX	KAMINER'S CI	ERTIFICATE OF	DEATH Register	SS. 11808
1. NAME OF DECEASED (Type or Print)	(0)	2017	2. DATE AN	ND HOUR PRONOUNCE	D DEAD
KARL H		trL)		ber 23, 1966	1.1.:00 AM
3. PLACE IN BALTIMORE, M	ARTLAND, WHERE PRONO	UNCED DEAD	A. STATE	B. COU	nutian: residence befare admission) NTY
FULL NAME OF (IF NO ADDR	T IN HOSPITAL OR INSTIT	UTION, GIVE STREET	Maryland c. CITY OR TOWN (If outside Baltimore)	de carparate limits, write	(URAL and give township)
42 Sinai H	lospital		D. STREET ADDRESS (11 ruro	rose Avenue	
5. SEX 6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	II Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.
Male Col	ored M	DIVORCED (specify)	1-31-1896	70	Manins Days   Haurs   Min.
		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei		12. CITIZEN OF
dane during mast of working life,	even if retired) Revere	Brass+ Chouse	AREENSbor	O. N.C.	WHAT COUNTRY?
13. FATHER'S NAME	1	- The solitain	14. MOTHER'S MAIDEN NAM	TE /	7.7.
UN	1<.		ROSA W	IN-field	
15. WAS DECEASED EVER IN		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
N.0	e war ar adies ar servicer	212-16-1790	Ellen Higa	< 2904	Rockrose Are.
1B. // 9 /		CAUSE	OF DEATH	3 017-1	INTERVAL BETWEEN
CITHIS daes not mean heart lailure, asthenia, injury ar camplication was a complication of the complication of the complication of the complication of the complex com	NT CAUSES  ITIONS, IF ANY, GIVING CAUSE (A) STATING THE ITION LAST.  II CONDITIONS CONTRIBUTE UT NOT RELATED TO ON CAUSING IT.	(B) DUE TO  (C)	sclerotic Cardio		
19A. DATE OF OPERATIO	N 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	NO	IN CERTIFYING CAUS	
21A, EXTERNAL CAUSE UNDERLYING OR CONTUING CAUSE OF DEATH OF INJURY (APPROX.)	(Day) (Year) (Haur)	e, farm, lactory, street, a  21E. INJURY OCCURRED  WHILE AT NOT	in ar about 21C. WHERE DID Iffice bidg, INJURY OCCUR?  21F. HOW DID INJ		re exact lacation)
22,	m.	WORK AT W	ORK		
	held on Inquiry	Inspection X Aut	opsy ond that on the	nis bosis, death In m	y opinion
resulted fram:	Notural couses X	Accident Suicide	e Homicide	Undetermined manne	er _
ACTUAL SIGNATURE	Steitu		ASSISTANT MEDICAL E	XAMINER X	DATE SIGNED
INAME (Type)	udiger Breiten		ASSOCIATE MEDICAL E		11/23/66
23A, BURIAL CREMATION, REMOVAL (Specify)  124A. DATE REC'D BY HEALT	11-26-66	MT. Au.	DURN 220.	SAHO.	tawn, ar caunty) (State)  ADDRESS
		E. Failmen	MORTON	Durtt	1701 LAURENS
VS 151-REV. 1/1/65				1	



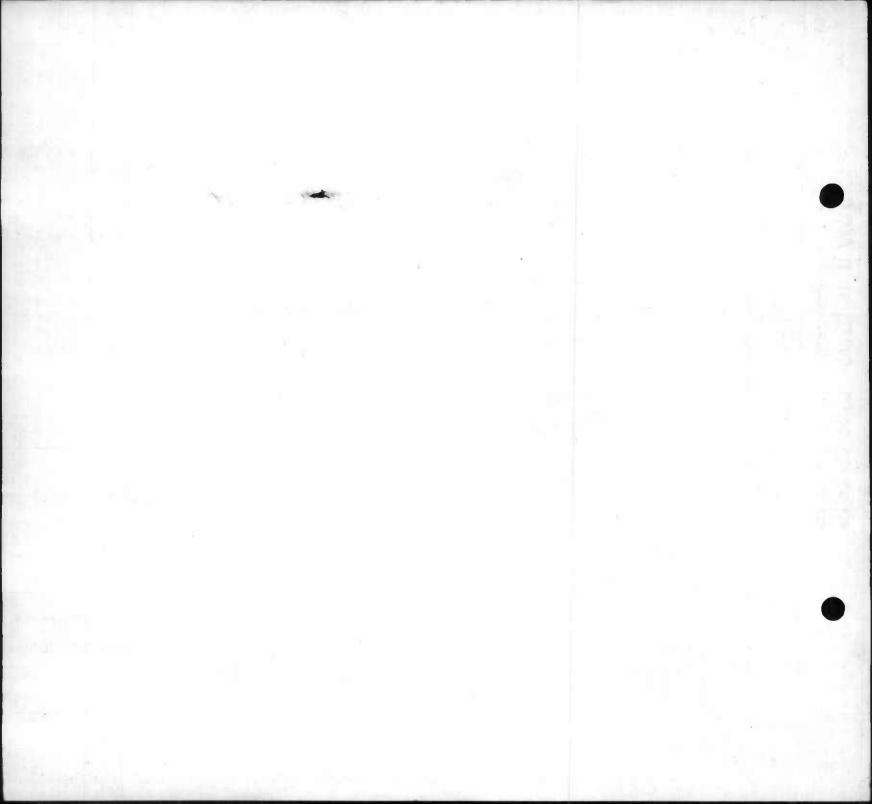
C	00 11003		HEALTH DEPARTMENT		00
BIRTH NO.	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.
M.E. CASE NO					

M.E. CASE NO.						
1. NAME OF DECEASED				2. DATE AND HOUR PRONOUNCED DEAD		
Leopo]	ld Pre	ston		11/21/66   4:35 p. _M .		
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD		ENCE (Where deceesed lived, If institution aryland	residence befere edmissien)	
HOSPITAL OR ADDRESS OR LOCA	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TO	WN (II outside corperate limits, write RUR	AL md give township)	
INSTITUTION				Baltimore	LOK	
mo			D. STREET ADDRESS (If rurel, give locotion)			
3414 E. Pratt St				3414 E. Pratt St.		
5. SEX   6. RACE		NEVER MARRIED	8. DATE OF BIRT	H IO ACE (In years III	Under 1 Yr. II Under 24 Hrs.	
male white	WIDOWED,	DIVORCED (specify)	4/6/1908	last birthdoy	onths Deys Heurs Min.	
IOA. USUAL OCCUPATION (Give kind of wordone duryy most of working life, even if retired)	k TOB. KIND OF	BUSINESS OR INDUSTR	TY 11. BIRTHPLACE		CITIZEN OF WHAT COUNTRY?	
None			Baltin	wre, Maryland	USA	
Louis Preston			Mary R			
15. WAS DECEASED EVER IN U.S. ARMEI (Yes, no prunknown), (If yes, give wer or dot		16. SO CIAL SECURITY NO.	17. INFORMANT	AD	DRESS	
No		None	Mrs. Ma	ry Preston 3414 E.	Pratt St.	
1B. + 22 /		CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION D		Anthone	a a a 1 a wa b d a	cardiovascular disea		
LEADING TO DEATH		(A)	oscierotic	cardiovascular disea	.se	
(This dees net meen the mede of heart failure, asthenie, etc. It mean injury er cemplication which caused	s the disease. death.)	DUE 10				
ANTECEDENT CAUSE		(B)		· · · · · · · · · · · · · · · · · · ·		
DISEASES OR CONDITIONS, IF A	TATING THE	DUE TO				
UNDERLYING CONDITION LAST.		(C)				
9						
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSIN TO A DATE OF OPERATION 198, COI WAS PEI	LATED TO T					
19A. DATE OF OPERATION 19B. CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 208. IF YES, WERE FINDIN	GS CONSIDERED	
WAS PEI	RFORMED		no	IN CERTIFYING CAUSES O	F DEATH?	
Z1A. EXTERNAL CAUSE WAS O UNDERLYING OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in er obout 21C. V	WHERE DID (II in Boltimore City, give ex	oct location)	
UTING CAUSE OF DEATH.	C(Ca)					
OF INJURY (Month) (Doy) (Yes	or) (Hour) 2	TE. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?		
(APPROX.)	m. V	VHILE AT NOT	WHILE			
22. I certify that I held an	Inquiry 🗌	Inspection X Au	utapsy an	d that an this basis, death in my ap	Inian	
resulted fram: Natural co	uses X	ccident Sujci	de Hamici	de Undetermined manner		
1111	01	~ /	CHIEF M	EDICAL EXAMINER		
ACTUAL ////	Sh.	Ra		EDICAL EXAMINER X	DATE SIGNED	
SIGNATURE //		7		EDICAL EXAMINER	11/22/66	
		tz, M.D.				
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	1	C. NAME OF CEMETERY			n, or county) (Stote)	
Burial 11/25.	1'66	Dak Lawn (en	netery	Baltimore, Mary	and	
24A. DATE REC'D BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS	
		400	John A	. Moran, Inc. 3000 E	. Baltimore St.	
BAU OF 100	0001	a a Jallan				
VS 151-REV. 1/1/65 17 20 190	U Uple	N = 1 - 4	1 6	4 1)		

Application of Asset

117	37()	BALTIMORE CITY HEALTH	DEPARTME

	66 11810	BALTIMORE CITY	HEALTH DEPARTMENT	
194	BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered No.	66 11810
117	1. NAME OF DECEASED	100	2. DATE AND HOUR OF DEATH	
	LEROY OWENS		Nov. 23 1961	6 16 13 A. M.
3	3. PLACE OF DEATH IN BALTIMORE MARYLAND		A. USUAL RESIDENCE (Where deceased lived. If in A. STATE  B. COUNTY	nstitutian: residence befare admission)
	FULL NAME OF (If not in haspital ar institution, give HOSPITAL OR oddress or locotion) INSTITUTION	street	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
3	6 University Hosp.		D. STREET ADDRESS (If rural, give lacation)	1601
			B. DATE OF BIRTH 9. AGE (In years	2
	MALE NEGRO WIDO	IVORCED (specify)	8/23/1905 lost birthday	Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU dane during most of working life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
11/	Construction Worker		NORTH CAROLINA	4.5 A
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
l	JOHN OWENS		LIZA PETTS	
1	15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown)(If yes, give wor or doles of service)	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Ш	Unknown		Lilliand Evens 916A.	Gilmor St.
1	18. 16 3 X I	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	12/	11 MONARY ENSMA	HOURS
	(This does not mean the mode of dying, e.g.,	DUE TO	ILMONARY EDEMA	77 00 1 3
	hearl failure, asthenio, etc. II means the disease, injury or complication which caused death.)		A	2
	ANTECEDENT CAUSES	(B)	4 OF LUNG	
	DISEASES OR CONDITIONS, if ony, giving	562 .0		
	rise to the obove cause (A) stoling the UNDERLYING CONDITION last.	(C)		
	11			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
	DISEASE OR CONDITION CAUSING IT.	CH OBERATION	120 A ALLTOREYS (Ver or No.) 208 IE VES WERE	EINDINGS CONSIDERED
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED	CH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?
	U 21 A ACCIDENT WAS UNDERLYING 21 B. PL		Y	e City, give exact lacation)
	210. TIME (Month) (Doy) (Year) (Haur) 21E. IN.	JURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	(APPROX) White Work	Not While At Wark	8	
	22. I certify that () (this hospital) attended the	deceased fram	19/7/ 19 66 10 11	19.66,
	that () (we) lost sow the deceased alive on	11/23		
	and hour and fram the couses stated above.	Ve) (did) (d) not) v	riew the body ofter death.	
11	23A. SIGNATURE	1		23 B. DATE SIGNED
	B. Soul Paritzky/ 7.1-10	Phy		11/23/66
	23C. PHYSICIAM'S NAME (Type)	1	23D. ADDRESS	44
	A. Zorel MARITZKY / GV. TOS	(carvi) M.D.	University Hospital - 1)	4LTO., 17.V.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAMI	e of CEMETERY or CRI	EMATORY 24D. LOCATION (C	City, tawn, or caunty) (Stote)
	Burial 11-36-66 M74	Herberg M. N.	lean. Buffinger	hid
	0 0	REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
1	VS 150-REV. 1/1/65	to from	- Chig B. Lille 134	DI Latter IT



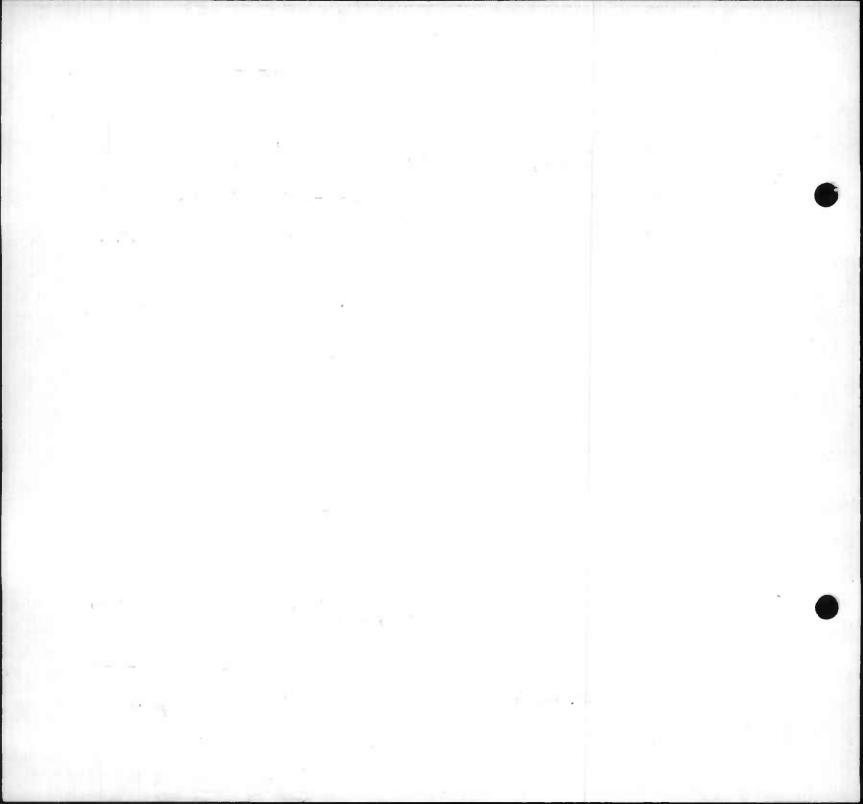
	430014	BALTIMORE CITY HE
)	11811	CEDTIEICATI

Registered Na	66 1	1811
3		

1	00 4404		BALTIMORE CITY	HEALTH DEPARTMEN	NT		00 1101	
NO.	66 11811		CERTIFICA	TE OF DEAT	H Registe	red Na	66 1181	1
M.E. CASE NO.	ASED			2. DA	TE AND HOUR OF	DEATH		
(Type or Print)	Mary El	mome			11-21-66		1 1/	2.204
3. PLACE OF DEA	TH IN BALTIMORE, MA			4. USUAL RESIDENCE	(Where deceased	lived. It institut	on: residence before	0:30AM admission)
				_	COUNTY			
FULL NAME OF HOSPITAL OR INSTITUTION	address or lacotion	1)		C. CITY OR TOWN	(It autside city lim	its, write RURA	L and give township	)
- 0	Provident			D. STREET LIBRES				
34	1514 Divi			D. STREET ADDRESS	(It rural, give lo			
	Baltimore	, Mary	Land 21217	1523 School	ol Street	15-		
	6. RACE	7. MARRIED, WIDOWE	D, DIVORCED (specify)	8. DATE OF SIRTH	9. AGE (In ) last birthday)	rears II Ma	Under 1 Yr. If Und	der 24 Hrs. Min.
Female	Negro	Marri		12-14-1894		rs.		
	PATION (Give kind of work varking life, even il retired)	10B. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12,	CITIZEN OF WHAT COUNTRY?	
Housewi:	fe			South Caro	lina		U.S.A.	
3. FATHER'S NAM				14. MOTHER'S MAIDE				
1,17716	m Solomon			Littie	Borrio			
5. Was Deceased	Ever in U. S. Armed For	ces?		17. INFORMANT	DOVIEC		ADDRESS	
Yes, no or unknown)	(If yes, give wor ar date	s of service)	250-01-7120	Mr. Choice	Elmore (	Husband	) SAME	
18. / /			CAUSE O	L .			INTERVAL BET	WEEN
and the second	E OR CONDITION DIF	ECTIV					ONSET AND D	
	LEADING TO DEATH	CILI	Myoo	andial Infan	ation			
	at mean the made al			ardial Infar	COLON			
	asthenia, etc. II means plicatian which coused							
A	NTECEDENT CAUSES		(8) DUE TO				== 0 mm dr == 0 0 0 == 0 == 0 == 0 == 0 == 0 0 == 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
DISEASES O	R CONDITIONS, if	anv. ojvina	DUE TO					
rise to the	above couse (A)		(C)					
UNDERLYING	CONDITION Iosi,							
Z OTHER SIGNIE	II FICANT CONDITIONS C	ONTRIBUTIN	G					
E TO THE DE	ATH BUT NOT RELA	TED TO TH	(E					
19A-DATE OF		DITION FOR	WHICH OPERATION	No No	or Na) 208. IF YE	S, WERE FIND	NGS CONSIDERED OF DEATH?	
D 121A. ACCIDEN	IT WAS UNDERLYING	21.6	PLACE OF INJURY (e.g., in		OLD (II ii	n Rottimare City	, give exact location	1
OR CONTRIBU	TING CAUSE OF medical examiner)	han etc.	ne, form, factory, street, at	fice bldg., INJURY OCC	U R?	ii ballimare City	, give exoci locaman	
21 D. TIME	(Manth) (Day) (Year)	(Hour) 21 E	. INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUP	R?		
(APPROX)		Wh	nile At Not While	e				
22. I certify	that (I) (this hospital		he deceased fromN		19 66 to	Novem	ber 21. 1	9 66
			November 21,					
			I) (We) (dld) (did nat) v			, as , springi		ine dan
23A. SIGNATU		doove. (	., (e) (aia) (aia nat) v	iem the bady affer de	eum.	22.0	DATE SIGNED	
61	Mycles	17	M.D. Alle	ending Med. S. Director	Staff Phys.		1-22-66	
23C. PHYSICIAI				23D. ADDRESS	,			
NAME (Ty	Dr. Ja	vier	M.D.	1514 Divisi	on Street	Balto	., Marylan	d
24A. BURIAL CREA REMOVAL (S	AATION, 248. DATE	24C. N	AME of CEMETERY or CRE	MATORY	4D. LOCATION		wn, ar county)	(State)
Buris	11/0//	66 It	Auburn Cem		Baltin	ore-	ryland	
25A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIR		,	ADDRESS	
		1	March		~ ~ 1		- ( )	-

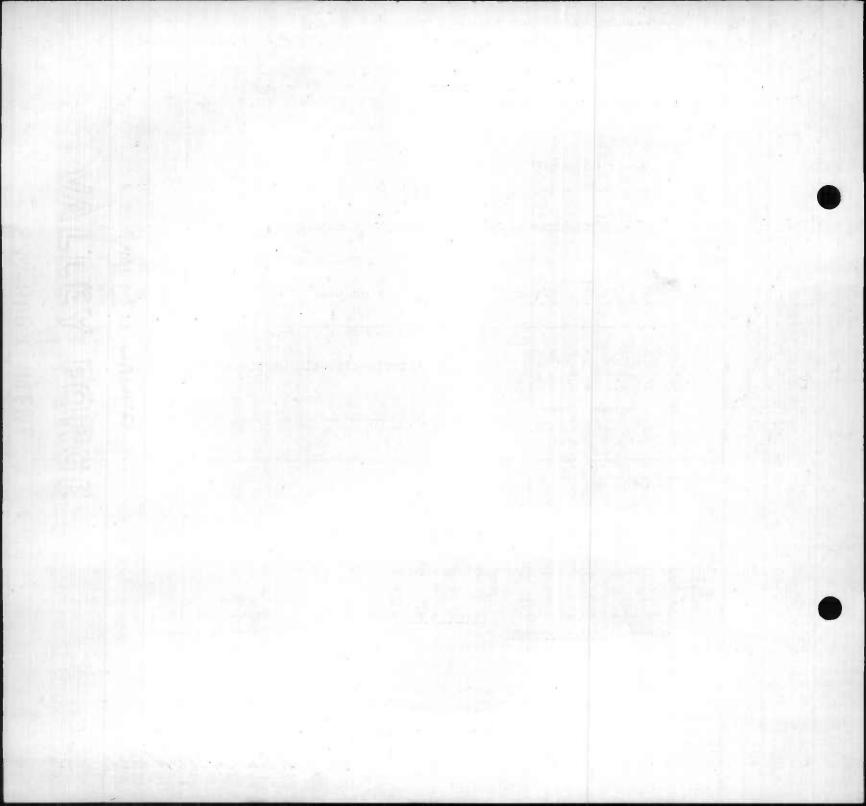
Kelson

Calhound 1348



J-55 2 BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NG 11812

MIE CASE NO.						
1. NAME OF DECEASED				2. DATE AND HOUR PRONOUNCED	DEAD	
DOROTHY JENNINGS				November 23, 1966	4:28 P	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE  Maryland			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION		C. CITY OR TO	WN (If eutside cerperete limits, write	RURAL ond give township)		
Den Cooner Hamis	1			Itimore RESS (If rurel, give location)	0 06	
Bon Secour Hospi	cal			35 W. Lexington Str	eet	
5. SEX 6. RACE Female Negro	7. MARRIED, NEVE WIDOWED, DIVOR	CED (specify)	8. DATE OF BIRT	H 9. AGE (In yeers lost birthdoy)	Months, Doys, Hours, Min.	
	Never 1		2/4/0	9 57		
to A. USUAL OCCUPATION (Give kind of vidone during most of working life, even if relire		NESS OR INDUSTI	2.0		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME			14. MOTHER'S M	ryland	U.S.A.	
13. FATHER'S NAME						
John Jenni 15. WAS DECEASED EVER IN U.S. ARM	ngs			ohn Johnson	400000	
(Yes, ne er unknewn) (If yes, give wer or d	etes of service) SE	CURITY NO.	17. INFORMANT		ADDRESS hington,	
No			Ethel I	Porter 116 R. St.	. N.L.	
18.		CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION	DIRECTLY				ONSET AND DEATH	
LEADING TO DEA		(A) Arte	riosclerot	ic Cardiovascular D	isease.	
(This dees net meen the mede heen feilure, osthenio, etc. It med injury er cemplication which ceuse	ons the diseose,	DUE TO				
ANTECEDENT CAU	cec					
DISEASES OR CONDITIONS, IF		(B)			***************************************	
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	STATING THE	DOE TO			14000	
	1.	(C)		***************************************		
9						
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. C. WAS P	RELATED TO THE	****				
	ONDITION FOR WHICH	- OPERATION	20A. AUTOPSY	? (Yes er No) 20B. IF YES, WERE FINI	DINGS CONSIDERED S OF DEATH?	
ZIA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.	21 B. PLACI heme, fem etc.)	OF INJURY (e.g., , fectery, street,	effice bldg., INJUR	VHERE DID (If in Beltimore City, give OCCUR?	exect location)	
21 D TIME (Month) (Dey) (Y	eer) (Heur) 21E. IN	JURY OCCURRED	21F. H	OW DID INJURY OCCUR?		
(APPROX.)	m. WHILE WORK	AT NOT	WHILE			
22. I certify that I held on	Inquiry Ins	pection X Au	utopsy and	d that on this bosis, death in my	opinion	
resulted from: Notural	ouses X Accide	nt Suici	de Homici	de 🗌 - Undetermined manner		
	. //		CHIEF M	EDICAL EXAMINER	DATE COMED	
ACTUAL SIGNATURE	asked fun		ASSISTANT M	EDICAL EXAMINER X	DATE SIGNED	
EYAMINED'S	les S. Pett			EDICAL EXAMINER	11/24/66	
23A. BURIAL CREMATION, 23B. DATE		ME of CEMETERY	er CREMATORY	23D. LOCATION (City, 1	lown, or county) (Stete)	
Burial 11/2	7/66 lit.	Tabor C	hurch Cer		, Maryland	
24A. DATE REC'D BY HEALTH DEPT.	24B. NAME OF RE	district or		AL DIRECTOR	ADDRESS	
NOV 25 196	Robert E.	Farber MA	Levez	a A. Kelon 1348 N	Valhan St	



Such

a hospital an

1					BALTIMORE CI	TY HEALTH DEPART	MENT		
			11813		CERTIFIC	ATE OF DEA	ATH	Registered Na	<u>66 11513 —</u>
	1, N	AME OF DECEASED		-		2.	DATE AND	HOUR OF DEATH	
		LACE OF DEATH IN E	Lawren	ce Butl	er	4. USUAL RESIDEN	NCE (Where of	1-20-66 deceased lived. If in	10:30 A M. stitution: residence before odmission)
	} H	OSPITAL OR OF	give street	C. CITY OR TOWN		e city limits, write F	RURAL and give township)		
			al reet	Baltimor	SS (If ruro	ol, give location)	9		
		Baltimore, Maryland 21217				609 Dolp	hin St	reet	
	S. SI			7. MARRIED, WIDOWED	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. los	AGE (In years I birthdoy)	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.
		ale Neg	TO	Separa	ted BUSINESS OR INDUST	2-13-14		52 yrs.	120 Careta On
	done	nemployed		IOB, KIND OF	BOSINESS OK INDOSI	Maryland		country)	12. CITIZEN OF WHAT COUNTRY?
	13. F	ATHER'S NAME				14. MOTHER'S MA			0,011
			J. Butle			Gertr	ude Tr	10 CV	
	1S. V (Yes,	Vas Deceased Ever in ,no or unknown) (II yes,	U. S. Armed Fore	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
		No				Mr. Rand	lolph Bu	itler (Soi	n) SAME
		18.	ONDITION DIR	ECTIV	CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
			IG TO DEATH	ECILI	(A)	CNA			
		(This does not mean heart failure, osthenia injury as camplication	DUE TO	0					
		ANTECE	DENT CAUSES		(B) DUE TO	1 minus	10		
		DISEASES OR CONTISE IN THE OBOVE UNDERLYING COND	(C)						
	ATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OF CONDITI	BUT NOT RELA	TED TO TH	G E				
		19A. DATE OF OPERAT		DITION FOR V	WHICH OPERATION	Yes	(Yes or No)	OB. IF YES, WERE P	FINDINGS CONSIDERED
	CAL	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21 B. hom etc.	PLACE OF INJURY (e.g. e, foim, foctory, street,	office bldg., INJURY O	RE DID CCUR?	(If in Boltimore	City, give exact location)
	5	21 D. TIME (Month) OF INJURY (APPROX.)	INJURY OCCURRED  ILLE AT Not Work AT Wo	hile —	DID INJUR	Y OCCUR?			
		22. I certify that (I) that (I) (we) last sa	(this haspital	attended to	November 20	November 1,	19	66 ta NOVE	mber 20, 19 66
		and haur and fram t	) (We) (did) (did nat	) view the bady afte	er death.				
		23A. SIGNATURE	1			I Monding - AAnd		" —	23B. DATE SIGNED
		23C. PHYSICIAN'S	uds		M.D.	hys. Dess	clor Ph	off ys. 🕱	11-22-66
		NAME (Type) Dr	. Laredo		M.	23 D. ADDRESS D. 1514 Divi	sion St	reet Bal	to., Maryland
	24A	BURIAL CREMATION REMOVAL (Specily)	, 248. DATE	24C. N	AME of CEMETERY OF	REMATORY	24D. LOC	ATION (Ci	ty, town, or county) (State)
	B	urial	11/20/	66 14	· inhum C	2.400	P-74		

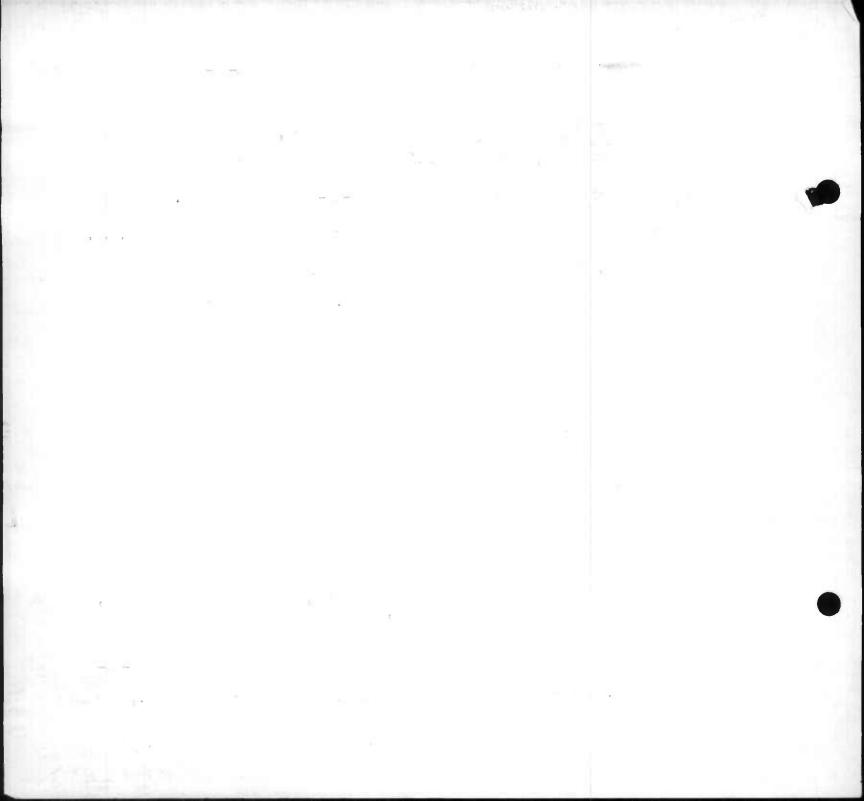
1966 VS 150-REV. 1/1/65

25B. NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT.

25C. FUNERAL DIRECTOR

ADDRESS



BIRTH		00 1121	A	ALTIMORE CIT	HEALTH DEPARTMENT		66 11814
	n NO.	66 1181	4 C	ERTIFICA	TE OF DEATH	Registered Na	00 11014
1. N.	AME OF DECEASE	D			2. DATE AN	ND HOUR OF DEATH	1
,,,	e or Print)	Louvel	la Wilkerson		11-	-22-66	1.01.5
3. PL	LACE OF DEATH	IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe		institution: residence before odini
FI	ULL NAME OF	(If not in hospital	or institution, give stree	e†	Maryland		
	OSPITAL OR NSTITUTION	Provident			C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
	29		sion Street		Baltimore. D. STREET ADDRESS (IF	rural give location)	3-0/
	9/			21217	810 Whitelock		
5. SE	EX   6. R		7. MARRIED, NEVER	MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24
R's	emale N	legro	Single	CED (specify)	?-?-1908	lost birthdoy) 58 yrs.	Months Doys Hours M
10A.	USUAL OCCUPAT	TION (Give kind of work		SS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
		ng life, even if retired)			North Carolin	na .	U.S.A.
	nemployed	2 /	1		14. MOTHER'S MAIDEN NA		0,0011
	/1	rch 1	Vilherse	A	Katie,	Tay	
15. V	Was Deceased Eve	r in U. S. Armed Fore	ces? 16. SOC		17. INFORMANT	- A	ADDRESS
(Yes,	, no or unknown/((f	yes, give wor or dote	s of service! SEC	URITY NO.			
	18. // // 5	5 5/		CAUSE O	Mr. Arch Will	erson (Fa	ther) SAME
	7- 1	R CONDITION DIR	ECTLY				ONSET AND DEATH
		DING TO DEATH		(A) Hype	rtensive encepha	lopathy	11-29-66
	(This daes not re heart foilure, asth	mean the made of nenia, etc. It means	dying, e.g., the disease,	DUE TO			to
		olion which coused	deoth.)	Hyper Hyper	rtensive Heart I	isease	11-22-66
	2111	ECEDENT CAUSES		DUE TO			
	DISEASES OR	CONDITIONS, if	ony, giving				
		bove couse (A)		(C)			
	rise to the a	bove couse (A) ONDITION losi.		(C)			
	OTHER SIGNIFICA	bove couse (A) ONDITION lost,  II ANT CONDITIONS C	stoling the	(C)			
ATION	OTHER SIGNIFICATION THE DEAT DISEASE OR COM	bove couse (A) ONDITION lost,  II ANT CONDITIONS C H BUT NOT RELA NDITION CAUSING I	ONTRIBUTING TED TO THE	(C)	TOTA ALEXANDER (V. N. N.	N 200 IF WE	
ATION	OTHER SIGNIFICATION THE DEAT DISEASE OR COM	bove couse (A) ONDITION lost,  II ANT CONDITIONS C H BUT NOT RELA NDITION CAUSING I	ONTRIBUTING STED TO THE T. DITTON FOR WHICH C	(C)	20 A. AUTOPSY? (Yes or N		E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFICATION	OTHER SIGNIFICATO THE DEAT DISEASE OR CON	DOVE COUSE (A) ONDITION IOSI.  II ANT CONDITIONS C H BUT NOT RELA NOTION CAUSING I ERATION 198. CON WAS PERF	ONTRIBUTING TO THE T. DITION FOR WHICH CORMED	OF INJURY (e.g., i	n or obout 21 C. WHERE DID	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
AL CERTIFICATION	OTHER SIGNIFICATO THE DEAT DISEASE OF COP	DOVE COUSE (A) ONDITION IOSI.  II ANT CONDITIONS C H BUT NOT RELA NOT	ONTRIBUTING TO THE T. DITION FOR WHICH CORMED	OF INJURY (e.g., i	No	IN CERTIFYING C	AUSES OF DEATH?
DICAL CERTIFICATION	OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19A. DATE OF OP OR CONTRIBUTIN DEATH (notily med	DOVE COUSE (A) ONDITION IOSI.  II ANT CONDITIONS C H BUT NOT RELA NOT	ONTRIBUTING TED TO THE T. DITION FOR WHICH CORMED  218. PLACE home, form, etc.)	OF INJURY (e.g., i factory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?
MEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19 A. DATE OF OP OR CONTRIBUTIN DEATH (notily med 21 D. TIME OF INJURY	Dove couse (A) ONDITION Iosi.  II ANT CONDITIONS C H BUT NOT RELA NOTION CAUSKIG I ERATION 198. CON WAS PERF	ONTRIBUTING ITED TO THE T. DITION FOR WHICH C FORMED    218. PLACE (home, form, etc.)  (Hour) 21E. INJURY While At	OF INJURY (e.g., i factory, street, o	n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?
MEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19 A. DATE OF OP CONTRIBUTIN DEATH (notify med of injury (APPROX.)	Dove couse (A) ONDITION Iosi.  II ANT CONDITIONS C H BUT NOT RELA NOT NOT RELA NOTITION CAUSING I ERATION 19B. CON WAS PERF WAS UNDERLYING G CAUSE OF dicol examiner)  Onth) (Doy) (Yeor)	ONTRIBUTING ITED TO THE T. DITION FOR WHICH C FORMED    218. PLACE (home, form, etc.)  (Hour) 21E. INJURY While At Work	OF INJURY (e.g., in factory, street, o	n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?  DIE City, give exoct locotion)
MEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19A. DATE OF OP OR CONTRIBUTIN DEATH (notify med 21D. TIME OF INJURY (APPROX.)  22. I certify tha	Dove couse (A) ONDITION lost.  II ANT CONDITIONS C H BUT NOT RELA NOTITION CAUSKING I ERATION 198. CON WAS PERF WAS UNDERLYING G CAUSE OF dicol examined onth) (Doy) (Year)	ONTRIBUTING ITED TO THE T. DITION FOR WHICH COMMED  218. PLACE home, form, etc.)  (Hour) 21E. INJURY While At Work  ) attended the december of	OF INJURY (e.g., i factory, street, o	n or oboul 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN.	IN CERTIFYING C	auses of death?  Die City, give exoct locotion)  Vember 22,
MEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19 A. DATE OF OP OR CONTRIBUTIN DEATH (notily med of INJURY (APPROX.)  22. I certify that that (I) (we) las	Dove couse (A) ONDITION Iosi.  II ANT CONDITIONS C H BUT NOT RELA NOT TOOL CAUSING I ERATION 19B, CON WAS PERF  WAS UNDERLYING G CAUSE OF dicol examiner)  onth) (Doy) (Yeor)  t (1) (this haspital t saw the deceose	ONTRIBUTING ITED TO THE T. DITION FOR WHICH COMMED  218. PLACE home, form, etc.)  (Hour) 21E. INJURY While At Work  ) attended the deceided of live an NOVE	OF INJURY (e.g., i factory, street, o OCCURED  Not Whit At Work osed from Not What work osed from Not White osed from Not Work osed from Not What Not Not Not Not Not Not Not Not Not No	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN.  (e	IN CERTIFYING C	auses of Death?  Die City, give exoct locotion)  Vember 22,
MEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19 A. DATE OF OP CONTRIBUTIN DEATH (notily med of INJURY (APPROX.)  22. I certify that that (I) (we) las and hour and from the contribution of t	Dove couse (A) ONDITION Iosi.  II ANT CONDITIONS C H BUT NOT RELA NOT TOOL CAUSING I ERATION 19B, CON WAS PERF  WAS UNDERLYING G CAUSE OF dicol examiner)  onth) (Doy) (Yeor)  t (1) (this haspital t saw the deceose	ONTRIBUTING ITED TO THE T. DITION FOR WHICH COMMED  218. PLACE home, form, etc.)  (Hour) 21E. INJURY While At Work  ) attended the deceided of live an NOVE	OF INJURY (e.g., i factory, street, o OCCURED  Not Whit At Work osed from Not What work osed from Not White osed from Not Work osed from Not What Not Not Not Not Not Not Not Not Not No	n or oboul 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN.	IN CERTIFYING C	ore City, give exoct locotion)  Vember 22,
MEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19 A. DATE OF OP OR CONTRIBUTIN DEATH (notily med of INJURY (APPROX.)  22. I certify that that (I) (we) las	Dove couse (A) ONDITION Iosi.  II ANT CONDITIONS C H BUT NOT RELA NOT TOOL CAUSING I ERATION 19B, CON WAS PERF  WAS UNDERLYING G CAUSE OF dicol examiner)  onth) (Doy) (Yeor)  t (1) (this haspital t saw the deceose	ONTRIBUTING ITED TO THE T. DITION FOR WHICH COMMED  218. PLACE home, form, etc.)  (Hour) 21E. INJURY While At Work  ) attended the deceided of live an NOVE	OF INJURY (e.g., if factory, street, of factory, street, street, of factory, street, street, street, street, street, street, street, street, stree	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN.  (e	IN CERTIFYING C	vember 22, 19 6
MEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19A. DATE OF OP 21A. ACCIDENT VOR CONTRIBUTION DEATH (notily med 1) The Control of Control	Dove couse (A) ONDITION Iosi.  II ANT CONDITIONS C H BUT NOT RELA NOT TOOL CAUSING I ERATION 19B, CON WAS PERF  WAS UNDERLYING G CAUSE OF dicol examiner)  onth) (Doy) (Yeor)  t (1) (this haspital t saw the deceose	ONTRIBUTING ITED TO THE T. DITION FOR WHICH COMMED  218. PLACE home, form, etc.)  (Hour) 21E. INJURY While At Work  ) attended the deceided of live an NOVE	OF INJURY (e.g., in factory, street, of factor	n or oboul 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN.  (e	IN CERTIFYING C	ore City, give exoct locotion)  Vember 22,
MEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19 A. DATE OF OP CONTRIBUTIN DEATH (notily med of INJURY (APPROX.)  22. I certify that that (I) (we) las and hour and from the contribution of t	Dove couse (A) ONDITION Iosi.  II ANT CONDITIONS C H BUT NOT RELA NOT TOOL CAUSING I ERATION 19B, CON WAS PERF  WAS UNDERLYING G CAUSE OF dicol examiner)  onth) (Doy) (Yeor)  t (1) (this haspital t saw the deceose	ONTRIBUTING ONTRIB	OF INJURY (e.g., in factory, street, of factory, street, of factory).  OCCURRED  Not Whith All Work osed from	21 F. HOW DID IN.  A comparison of the death.  23 D. ADDRESS	IN CERTIFYING C	vember 22,
MEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19 A. DATE OF OP 21 A. ACCIDENT VOR CONTRIBUTIN DEATH (notily med 21 D. TIME OF INJURY (APPROX.)  22. I certify that that (I) (we) lass and hour and from 23 A. SIGNATURE 23 C. PHYSICIAN'S NAME (Type)	Dre Lare	ONTRIBUTING ONTRIBUTING ONTRIBUTING OTHE T.  DITION FOR WHICH COMMED  218. PLACE (home, form, etc.)  (Hour) 21E. INJURY While At Work  ) attended the decended olive an MOVE and abave. (I) (We) (	OF INJURY (e.g., in factory, street, of factory, street, of factory)  OCCURRED  Not Whith At Work osed from	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN.  (e	IN CERTIFYING C  (If in Boltime  IURY OCCUR?  19 .66 to No. 1  not in (my) (aur) ap  Street Ba	wember 22, 19 6 pinion deeth occurred on the 23B. DATE SIGNED 11-22-66 alto., Maryland
MEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19A. DATE OF OP 21A. ACCIDENT OR CONTRIBUTION DEATH (notily med 21D. TIME (MOPROX.)  22. I certify that that (I) (we) lass and hour and from 123A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)  BURIAL CREMAT REMOVAL (Special Control of Cont	Dr. Lare	ONTRIBUTING ONTRIBUTING ONTRIBUTING OTHE T.  DITION FOR WHICH COMMED  218. PLACE (home, form, etc.)  (Hour) 21E. INJURY While At Work  ) attended the decended olive an MOVE and abave. (I) (We) (	OF INJURY (e.g., in factory, street, of factory, street, of factory).  OCCURRED  Not Whith All Work osed from	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN.  (e	IN CERTIFYING C  (If in Boltime  IURY OCCUR?  19 .66 to No. 1  not in (my) (aur) ap  Street Ba	vember 22, 19.6  pinion deoth occurred on the
MEDICAL CERTIFICATION	OTHER SIGNIFICATORY TO THE DEATH OF LOSASE OR CONTRIBUTION DEATH (notily med LAPPROX.)  21D. TIME (M. OF INJURY (APPROX.)  22. I certify that that (I) (we) last and hour and from the lapped LAPPROX.)  23C. PHYSICIAN'S NAME (Type)	Dr. Lare	ONTRIBUTING ONTRIBUTING ONTRIBUTING OTHE T.  DITION FOR WHICH COMMED  218. PLACE (home, form, etc.)  (Hour) 21E. INJURY While At Work  ) attended the decended olive an MOVE and abave. (I) (We) (	OF INJURY (e.g., in factory, street, of factory, street, stree	n or oboul 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN.  (e	IN CERTIFYING C  (If in Boltime  IURY OCCUR?  19 .66toNo.  not in (my) (aur) ap  Street Be OCATION (	vember 22, 19 6 pinion deoth occurred on the 238. DATE SIGNED 11-22-66 alto., Maryland City, town, or county) (S1
MEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19A. DATE OF OP 21A. ACCIDENT OR CONTRIBUTION DEATH (notily med 21D. TIME (MOPROX.)  22. I certify that that (I) (we) lass and hour and from 123A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)  BURIAL CREMAT REMOVAL (Special Control of Cont	Dr. Lare	ONTRIBUTING TED TO THE T.  DITION FOR WHICH CORMED  218. PLACE home, form, etc.)  (Hour) 21E. INJURY While At Work  ) attended the decend olive an NOVE and abave. (I) (We) (	OF INJURY (e.g., in factory, street, of factory, street, stree	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN.  (e	IN CERTIFYING C  (If in Boltime  IURY OCCUR?  19 .66toNo.  not in (my) (aur) ap  Street Be OCATION (	vember 22, 19 6 pinion deoth occurred on the 23B. DATE SIGNED 11-22-66 alto., Maryland

t.

t .

BERTH NO.

M.E. CASE NO.

(Type or Print)

3. PLACE OF

5. SEX

FULL NAME OF HOSPITAL OR

13. FATHERS NAME

23C. PHYSICIAN'S NAME (Type)

24A. BURIAL CREMATION,

VS 150-REV. 1/1/65

REMOVAL (Specify)

24B. DATE

the

Such

death.

9

and

a hospital

24D. LOCATION

(City, town, or county)

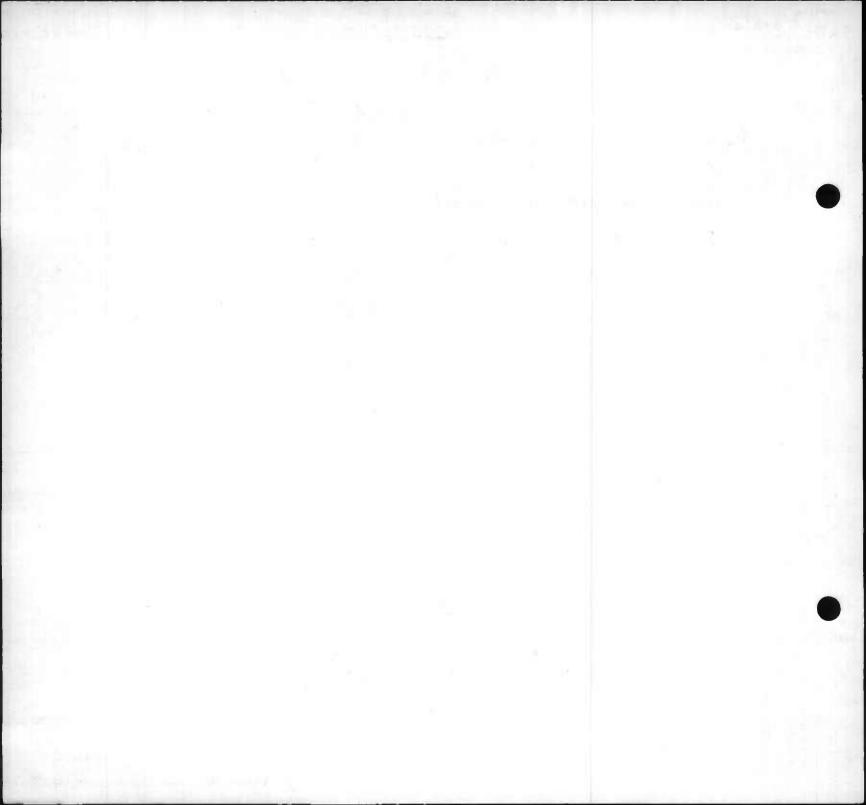
	DISEASES OR CONDITIONS, if ony, girise to the above couse (A) stating UNDERLYING CONDITION last.	OUE TO DUE TO	me his	rosenlar disease				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.							
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)		(If in Boltimore City, give exact location)				
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURED  While At Not While At Work  At Work						
	22. I certify that (1) (this haspital) attended the deceased from 19 / to 2 / 19 / that (1) (we) lost sow the deceased alive an 19 / and that in (my) (our) applicant death occurred on the cond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
	23A. SIGNATURE M. M WM	M.D. Attendi	ng Med.	23B. DATE SIGNED				

25B. NAME OF REGISTRAR HEALTH DEPT. 25A. DATE REC'D BY FUNERAL DIRECTO ADDRESS

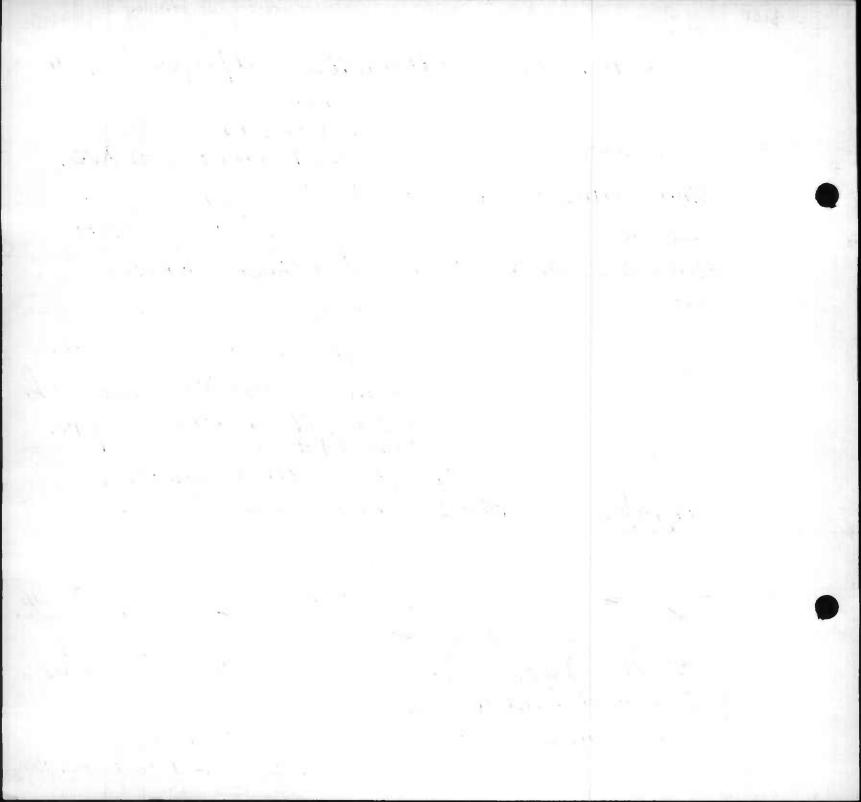
M.D

CEMETERY OF

24C. NAME of



	00 44040	BALTIMORE CITY	HEALTH DEPARTMENT		00 41040
	BIRTH NO. 66 11816	CERTIFICA	TE OF DEATH	Registered Na.	66 11816
	T, NAME OF DECENSED PETER	SCHAN	1 MF) 2. DATE AN	11/22/66	19A
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		tion: residence before odmissian)
	FULL NAME OF (If not in hospital or institution, give	e street	MD.		
	INSTITUTION		C. CITY OR TOWN (II outs	side city limits, write RURA	7-05
1	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED		D. STREET ADDRESS (III	weal, give location)	0 1/5
			B. DATE OF BIRTH	9. AGE (In years If	Under 1 Yr., If Under 24 Hrs.
	MALE WITTE WIDOWED,	DIVORCED (specify)	12/3/71	lost bightday) Mi	onths Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF Bl. done dyning mytst alwarking life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLA DE (Stote or foreig	gn country) 12	CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	/V/D	USH
1	August 10m - VATE	amme,	CARNER	IF REI	HI
	15. Was Deceased Ever in U. S. Armed Forces? [(Yes, no or unknown)](If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	ie ici	ADDRESS
	20.	214-24-1916	Katherine 1	Mae Schamme	1 - Same
5	DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH		ONSET AND DEATH
3	LEADING TO DEATH	(A) DE	PMCDAVE	1	(d.
	(This does not meon the made of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which caused death.)	DUE TO	12-1/00	1 5 . 1.	
	ANTECEDENT CAUSES	(B) (DM)	NEG B. Pro	reus) Spri	Clurca 44.
	DISEASES OR CONDITIONS, If any, giving rise to the obave couse (A) stoting the	Chro	nic Ald in	lection	1100
2	UNDERLYING CONDITION Iosi.	- And	1 BDH		JUD.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	AR CALLE	7 - 1.45	. 5 . 1	
0	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WH	NOUNT	A [20 A. AUTOPSY? (Yes or No.)	9 Confley	RIMA NNGS CONSIDERED
	WAS PERFORMED BP	H w slest	rento no	IN CERTIFYING CAUSES	OF DEATH?
	OF CONTRIBUTING CAUSE OF 218. PL	ACE OF INJURY (e.g., in form, foctory, street, off	or obout 21 C. WHERE DID	(If in Baltimore Cit	y, give exoct locotion)
3	Q 21D, TIME (Month) (Dov) (Year) (Hour) 21E, IN	NJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
	OF INJURY (APPROX.)  White Work	At Work			
	22. 1 certify that this hospital) attended the	deceased from	1//3 1	9 6600	1 / 2219 66
0	that (we) last saw the deceased alive an	/ /		at In (aur) apiniar	death accurred on the dat
2	and haur and from the causes stated above.	We) (did) (did) vi	iew the bady after death.	231	B. DATE STONED
	165: W. Tromen.	M.D. Atter	nding Med.	Stoff Phys.	11/22/66
	28C. PHYSICIAN'S NAME (Type)	+ T	23D. ADDRESS	1/0-0	
2	24A. BURIAL CREMATION, 24B. DATE 24C. NAN	M.D.	MATORY 24D. IC	CATION (City, I	own, or county) (State)
	REMOVAL (Specify)	timore (emet		Itimore, MRYL	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
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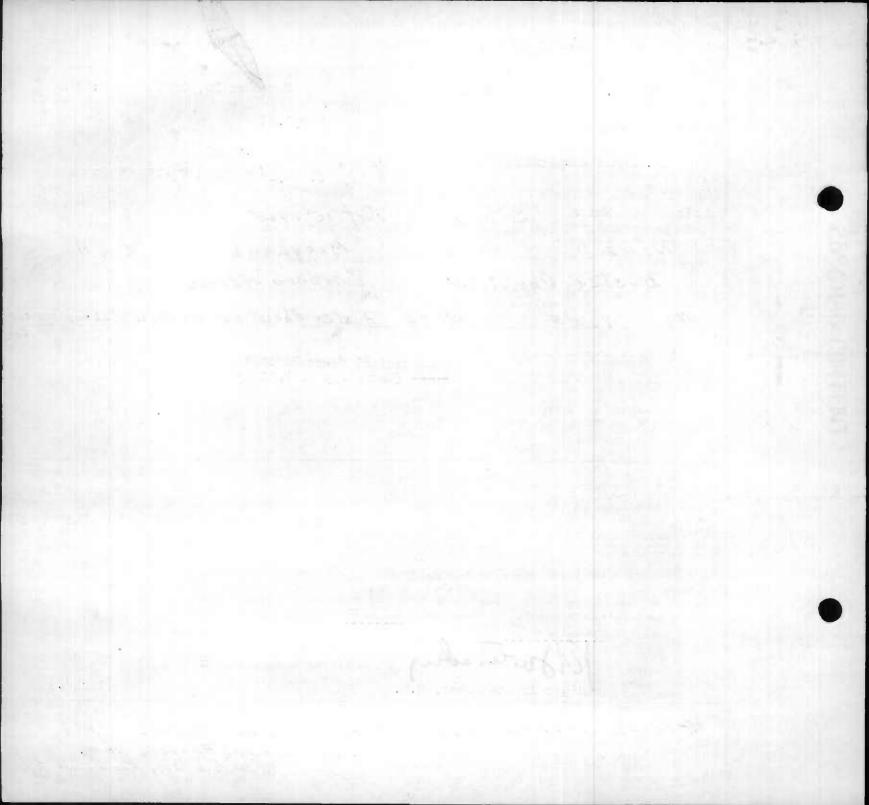


C-623

george Co. ma BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD November 23, 1966 8:20 A CHRISTIAN PETER L. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL Laurel St. Agnes Hospital D. STREET ADDRESS (If rurol, give location) 52 Maple Village Trailer Park If Under 1 Yr. If Under 24 Hrs. 9. AGE (In years B. DATE OF BIRTH 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED Months , Doys | Hours | (ost birthdoy) WIDOWED, DIVORCED (specify) Male White SINGLE . 15 1965 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF &USINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MARYLAND

4. MOTHER'S MAIDEN NAME NONG NONE 13. FATHER'S NAME OARBARA MEADE 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SO CIAL SECURITY NO. (Yes, no or unknown), (If yes, give wor or dates of service) 52 Maple VILLAGE IRAILER NONE INTERVAL BETWEEN BEK 1B. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Congenital Heart Disease LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Tetralogy of Fallot) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)... FICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 20 A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Yes Yes 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exoct location) home, lom, foctory, street, office bldg., INJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Dov) (Yeor) (Hour) OF INJURY (APPROX.) WHILE AT NOT WHILE m. WORK 22. Autapsy X I certify that I held an Inquiry and that on this basis, death In my apinian inspection resulted from: Natural causes X Accident Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S 11/23/66 Rudiger Breitenecker, M.D. NAME (Type) 23A, BURIAL CREMATION, (Stote) 23C. NAME of CEMETERY or CREMATORY REMOVAL (Specify) . BURIAL -23-66 AUEN GLEN 248 NAME OF REGISTRAR ADDRESS

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	the hospital by a medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the cand (6) No physician was in regular attendance on the deceased prior to death. Such obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	00 44040	BALTIMORE CITY	HEALTH DEPARTMENT		and he are the safe
1	H NO. 66 11818	CERTIFICA	TE OF DEATH	Registered No.	56 11518
1. N (Typ	AME OF DECEASED LE OF PRINT)  LACE OF DEATH IN BALTIMORE, MARYLAND	3, Symo	HA II	DHOUR OF DEATH  24/66 e deceased lived. If institu	NOON M.
	SILL NAME OF (If not in hospital or institution, oddress or location)  SINAI HOSE  OF RALTIMO	2 = 11	A. STATE B. COUN  ARYLAN  C. CITY OR TOWN (11 out	SAL BAL Side cuty limits, write RUR, MORE (1970)	TIMORE
5. \$		, NEVER MARRIED D, DIVORCED (specify)		9. AGE (In years If Mi	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B. KIND O during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE Stole or forei	gn country/	2. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHERS MAIDEN NAP	WE.	
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? ,,no or unknown! (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	dolun	ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g.,	CAUSE O	YOCARDI	ALINF	INTERVAL BETWEEN ONSET AND DEATH  ARCTIL
	heart foilure, osthenio, etc. It meons the disease injury or complication which coused death.)  ANTECEDENT CAUSES	(B)	ASHD		10445
	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) staling the UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	G EMPI	IYSEMA		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING   21   OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)	ne, form, foctory, street, of	n or obout fice bldg., INJURY OCCUR?	(If in Boltimore Ci-	ty, give exoct locotion)
MEDI	OF INJURY	. INJURY OCCURRED  nile At  Not While  Not While  Not  Not  Not  Not  Not  Not  Not  No		URY OCCUR?	- 1/2
	22. I certify that (I) (this hospital) attended that (II) (we) lost sow the deceased alive on and have and from the causes stated above.	1124/66	19 and th	at in my (aur) opinion	19 19 19 19 19 19 19 19 19 19 19 19 19 1
	23A. SIGNATURE  23G. PHYSICIAN'S NAME (Type)	M.D. Atte	ending Med.	Stöff Phys.	B. DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or co					md
	NOV 28 1966 258. NAME	of registrar E Tarbey M.A.	54 Sylvan 5 L	uis a Son	3319DDRESS
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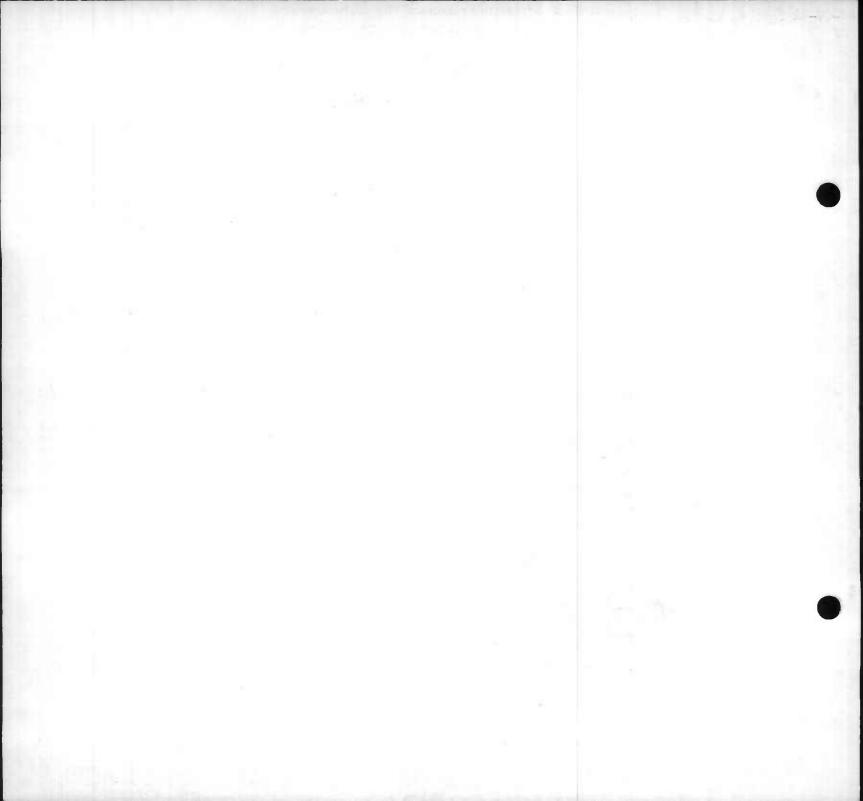
66 11819 Registered No. BIRTH NO. CERTIFICATE OF DEATH of death Deceased Such and M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) E O NOVEMBER hospital death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
COROLDNE 3. PLACE OF DEATH IN BALTIMORE MARYLAND attendance cause FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) CITY OR TOWN (If outside city and give township) canse; 0 8 UNIVERSIT contributing prior HOSPITAL D. STREET ADDRESS (If rurol, give location) urred etermined regular mad 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Il Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) lost birthdoy) Months Doys Hours NECRO INGLE disposition is tOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF = WHAT COUNTRY? done during most of working life, even if retired) MARYLAND MATERIAL Mas the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME MILDRED HENRY RYMES LO death 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT 16. SOCIAL or final PT 3, BOX 118 SECURITY NO. attendance MUDRED WAYMAN NO ENTON pronounced CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH WEEK (This does not meon the made al dying, e.g., heart failure, asthenia, etc. It means the disease, gular injury or complication which caused death.) RHE UNDATIC FEVER ANTECEDENT CAUSES who 10 Gre DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the physician UNDERLYING CONDITION last. remains Mas H CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE DISEASE OR CONDITION CAUSING IT. the (2) Body 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 9A. DATE OF OPERATION 8 CERTIFI before 0 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? to the hospital °N DEATH (notify medical examiner) any nature; by MEDIC obtained 21 D. TIME (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved OF INJURY (except While At Not While (APPROX) and Work At Work 22. I certify that (this hospital) attended the deceased from NOVEMBER 14, 19 66 to NOVEMBER 19, 19 66 that (1) (me) last saw the deceased alive on NON EMBER 19 66 pe ond that in (my) ( opinion death occurred on the date of hospital death) and hour and from the couses stated abave. (1) (We) (did) (did not) view the bady ofter death. must accident 23A. SIGNATURE 238. DATE SIGNED Attending M.D. Med. Stolf 0 Phys. Director Phys. approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior Mas t B OFOND UMLER, JR, NHO Y deceased written ap 24A, BURIAL CREMATION, 24B, DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) the body was D.O. REMOVAL (Specify) shows: 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR DIRECTOR ADDRESS VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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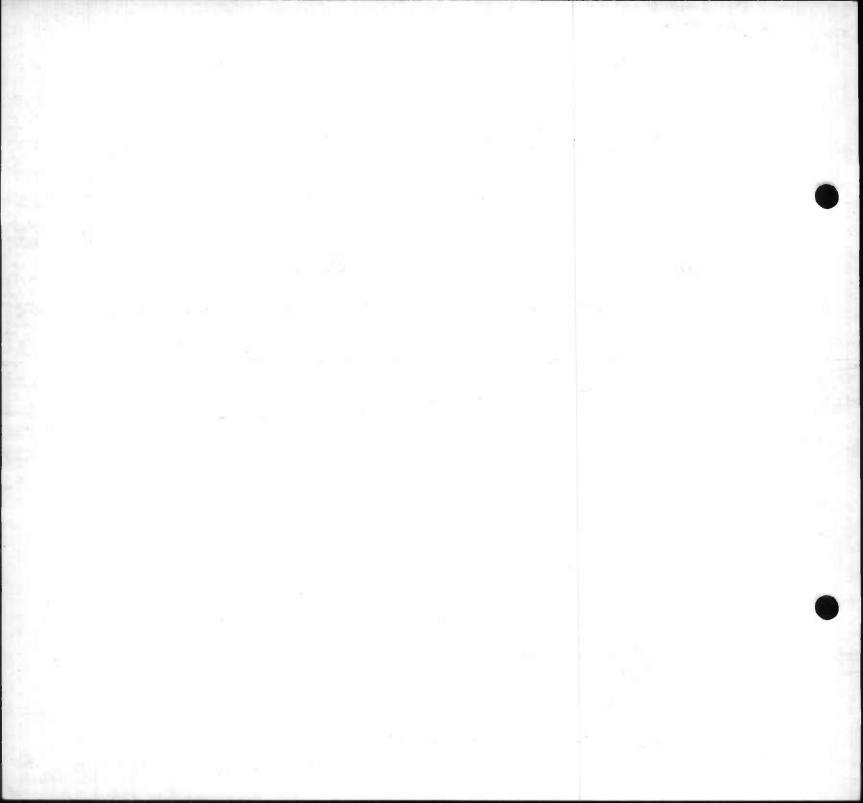
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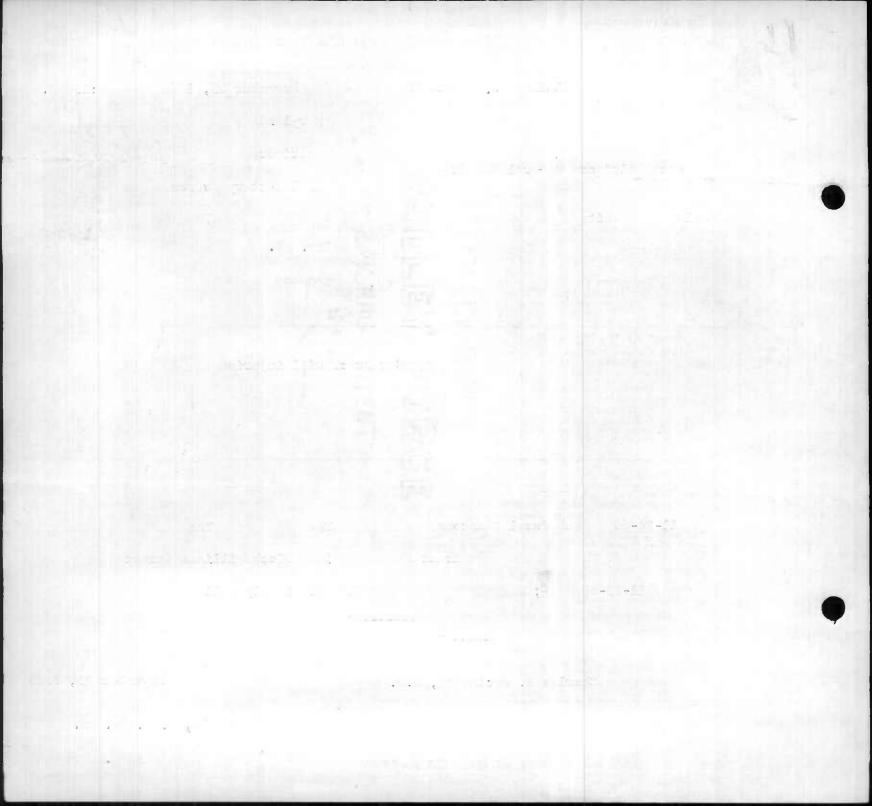
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	proved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased except where the physician who pronounced death was in regular attendance on the	0
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FUNERAL DIRECTOR: IMPORTANT	70.	and (6) No physician was in regular attendance on the deceased probtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	66 11822	BALTIMORE CITY	HEALTH DEPARTMENT		00 44000
	H NO.	CERTIFICA	TE OF DEATH	Registered No.	66 11822
1. N	AME OF DECEASED	îe	2. DATE AND	HOUR OF DEATH	5-15 AM
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where		stitution: residence before admission)
) F	FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location)		Md Bu	lhur	URAL and give township)
	42 SINGI HOSPITAL		Baltonne	MU	9-05
4			D. STREET ADDRESS (If rurol, give location) 3409 Creenmont and		
5. S	EX 6. RACE 7. WARR	NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working lile, even if retired)		11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?	
13.	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	COM
	May -		DORA		
15. \	Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes	i, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.	Simon HACK	- 21/09 /	GREEN MOUNT HO
	18.	CAUSE O	111	34010	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	0 1	- A		ONSET AND DEATH
	LEADING TO DEATH		monay Edei	MA	1 des
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,				
	injury ar complication which caused death.)  ANTECEDENT CAUSES (B)				
	DUE TO				
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.		nonce Pyles	o hephnit	sevel years,
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
RTIFICA	19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	or obout 21 C. WHERE DID INJURY OCCUR?	(II in Boltimore	City, give exact location)
EDIO	OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
S	(APPROX)	While At Not While Work At Work	e		
	22. I certify that (1) (this haspital) abended the deceased from 11/24/6619 to 11/26/66 19				
	that (1) (we) lost saw the deceosed olive on 1/26/66 19 and that in (ny) (aur) apinion death occurred on the dote				
	and hour and from the causes stated above	(I) (We) (did) (did nat) v	iew the body after death.		
	23A. SIGNATURE		4.4	-3.00	23B. DATE SIGNED
	5.16	M.D. Atte	ending Med. Director	Stoff Phy s.	11/26/66
	23C. PHYSICIAN'S NAME (Type) Anthony Bottone M.D.  23D. ADDRESS				
24A		NAME of CEMETERY OF CRI	MATORY 24D. LC	CATION (Ci	ly, town, or county) (State)
1	BURIAL (Specify)	ROSEGALE	73	ALTO.	MD
25A	DATE REC'D BY HEALTH DEPT. 258. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		- 3319 OLYMPIA AU
	MOV DR 1058 A	R. C. Falling	SYLUAN S. 42	wis thow	- 3319 OLYMAIN- MU
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F 3(0)	66 11823 BALTIMORE CITY HEALTH DEPARTMENT	66 11823					
F-260	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.						
	1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DI	EAD					
	WILLIAM E. FISHER November 25, 1966	8:15 A.M.					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution A. STATE  B. COUNTY	: residence before odmission)					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  Maryland  C. CITY OR TOWN (If outside corporate limits, write RUR.	AL and sive township)					
	INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
	South Baltimore General Hospital  Baltimore  D. STREET ADDRESS (If rurol, give location)						
	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In yeors   16. Land of Birth   1. Age (In yeors   16. Land of Birth   16. Land o	Under 1 Yr, If Under 24 Hrs.					
	WIDOWED, DIVORCED (specify)   lost birthdoy! Mo	onths   Ooys   Hours   Min.					
	Male White Divorced 1 15 1888 78    IOA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12.	CITIZEN OF					
	Watchman Locke Insulator Balto. Md.	WHAT COUNTRY?					
	13. FATHER'S NAME						
	Unknown						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADI	DRESS					
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Family	Same					
	18. CAUSE OF DEATH	INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECTLY						
	Cerebrocranial injuries  (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,						
windows of the	injury or complication which coused death.)						
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO						
	UNDERLYING CONDITION LAST.						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	TO THE DEATH BUT NOT RELATED TO THE						
	19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDING						
10000	11-24-66 Sub dural Hematoma Yes Yes						
		oct location)					
	street 1400 Block Williams Street	0					
	21D TIME (Month) (Ooy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	/					
	(APPROX.) 11-23-66 8;48 Pm. WHILE AT NOT WHILE X Presumably fell						
	22. I certify that I held an Inquiry Inspection Autopsy I and that on this basis, death in my op	olnion					
	resulted fram: Natural causes Accident X Suicide Hamicide Undetermined manner						
	CHIEF MEDICAL EXAMINER	DATE SIGNED					
	SIGNATURE CLASS J. Jahr. M.D. ASSISTANT MEDICAL EXAMINER X	DATE SIGNED					
		vember 25, 1966					
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town	n, or county) (Stote)					
	Burial 11 29 66 Glen Haven Glen Burnie, A. A	. Co. Md.					
	NOV 28 1966 Registrar 24C. Funeral Director Mc Cully	30 E. Fort Ave					
	VS 151-REV. 1/1/65						

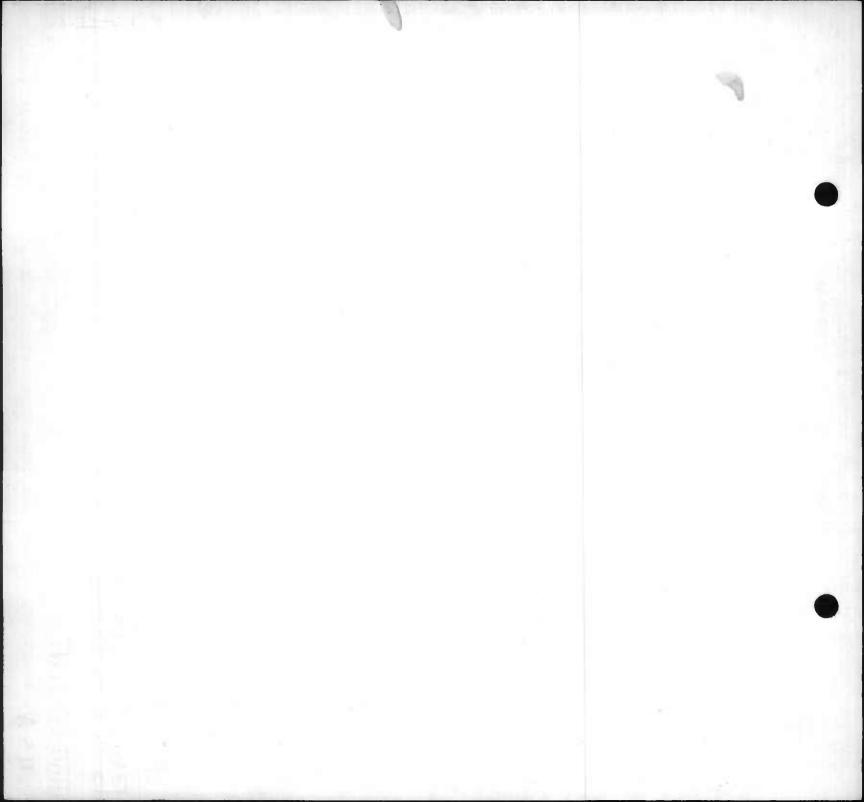


	66-74861 BALTIMORE CIT	Y HEALTH DEPARTMENT 66 11824			
BI	ATE OF DEATH Registered No.				
1.	LE CASE NO.	2, DATE AND HOUR OF DEATH			
(Т	ype or Print DABU OIRL GAUGH	11-24-66 3 P.M.			
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A, STATE B. COUNTY			
	FULL NAME OF (II not in hospital or institution, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
	HOSPITAL OR oddress or locotion) INSTITUTION				
	Intercy	BALTIMORE  D. STREET ADDRESS (If tuio), give location)			
	3/	451 OLD HOME ROAD			
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.			
11	FEMALE WHITE NEVER MARRIEL				
	A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRIBLE MARKET BUSINESS OF INDUSTRIBLE BUS	Y 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?			
100	CHILD	BALTIMORE MD U.S.A.			
13	FATHER'S NAME				
	EARL GAUGH	MARGARET SCHRENKER  17. INFORMANT  ADDRESS			
15	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown](Iff yes, give wor or doles of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS			
	NO - NOME	FADI GAUGH USIOLD HOME RI)			
	18. 7 76 VI	EARL GAUGH 451 OLD HOME RU OF DEATH			
	DISEASE OR CONDITION DIRECTLY				
	LEADING TO DEATH  (This does not meen the made of dying, e.g., DUE TO	umalunity Community			
	heart failure, asthenia, etc. II means the disease, injury ar camplication which coused death.)				
	ANTECEDENT CAUSES (B)				
	DISEASES OR CONDITIONS, if any, giving				
	rise to the obove cause (A) stating the (C) UNDERLYING CONDITION lost.				
	II .				
3	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED			
	194. DATE OF OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?			
	J   21 A. ACCIDENT WAS UNDERLYING     21 B. PLACE OF INJURY (e.g.,	in a about 21 C. WHERE DID (If in Bothimore City, give exact location)			
1	DEATH (notify medical examine) etc.)	office bldg., INJURY OCCUR?			
	21D. TIME (Month) (Dov) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
	OF INJURY (APPROX.)  While At Not While At At Work	k			
	22. I certify that (I) (this haspital) attended the deceased from	11-15 1966 10 11-24 1966.			
	that (1) (we) last saw the deceased alive an 11-24	19. 66. and that in(my) (aur) apinian death accurred an the date			
	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.				
	23A. SIGNATURE OO OO AA	23B. DATE SIGNED			
		ttending Med. Stoff Nys. Med. Director Phys. Med. 11-24-66			
	23C. PHYSICIAN'S NAME (Type)				
	Perry Shipley Sheltom. M.D	11.00			
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF C	REMATORY 24DJ LOCATION (City, town, or county) (Stote)			
BURIAL NOV 2566 ST TOSEPH'S CEMETERY FULLERTON					
2:					
	NOV 28 1966 A D. B & Jahum J DIPPEL BROSING 7110 BELAIR R.b				
V:	S ISU-KEY. IN HOUSE IN COLUMN				

PENSTA A SERVICE SERVICE

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

1 101-25566 11825	BALTIMORE CIT	Y HEALTH DEPARTMENT		1000
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered No.	
M.E. CASE NO.	) 0	2. DATE AND	HOUR OF DEATH	00 1105
(Type or Print) Saby Gerl	1-04501111	moore 11/23/6	36	5-50
B. PLACE OF DEATH IN BANMORE, MARYLAND	1	A. STATE B. COUNTY	deceosed lived. If ins	ilution: residence before admissi
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location)		C. CITY OR JOWN (If outside	de st	Mary STRAL and give township
INSTITUTION 1	Hospital	6. 6. 6. 6. 7	e city timits, write to	MA DIVE TOWNSHIP
Jomes Hoperens		D. STREET ADDRESS All rute	al, give location	was
133	V	non	e	
	WED, DIVORCED (specify)		AGE ((n years t birthday)	If Under 1 Yr. If Under 24 I Months Days Hours Min
USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLA CE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
doke during most of working life, even if refired)	7 10 10 0			WHAT COUNTRY?
13. FATHERS NAME	sept.	14. MOTHERS MAIDEN NAME		
margo Dos		/ John a	1/1/	01111
5. Was Deceased Eyer in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	100	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.			0
18. 7. 4 N	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		0		ONSET AND DEATH
LEADING TO DEATH	(A)	Mencephaly		1 25"
(This does not mean the mode of dying, a heart failure, asthenia, etc. It means the disea				
injury or complication which caused death.)				
ANTECEDENT CAUSES	DUE TO			••••
DISEASES OR CONDITIONS, il ony, giv				
UNDERLYING CONDITION last.	(C)			
П				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
DISEASE OR CONDITION CAUSING IT.	and the same of th	150 A ALLES AND	008 15 450	
19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID	(If in Baltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, foctory, street, etc.)	office b(dg., INJURY OCCUR?		
O 21D. TIME (Month) (Dov) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUP?	
S OF INJURY (APPROX.)	While AI Not W	nile [		
	Work At Wor	1 1/23		1/2650
22. I certify that (1) (this hospital) attended		$\frac{1}{1}$	6610	1/23 > Amy 6.
that (1) (we) last saw the deceased alive a	in 11/65 (5°	(m) 19 and that	in(my) (our) oplni	an death accurred an the
and haur and fram the causes stated abave	a. (1) ( <del>We) (</del> did) (d <del>id not</del> )	view the bady after death.		
23A. SIGNATURE				23B. DATE SIGNED
At some hip			y s D	11/23/16
23C. PHYSICIANS NAME (Lype)		23D. ADDRESS		7 000
J. Bruce Iuppa	M.C	The Johns Hop	cins Hospi	ital
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY or C	REMATORY 24D. LOC		, town, or county) (State
	The Johns Ho	opkins Hosp. B	altimore.	Maryland
	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
NOV 28 1966 R.C.	RE Fallens			
VS 150-REV. 1/1/65	O CONTRACTOR OF THE PARTY OF TH			



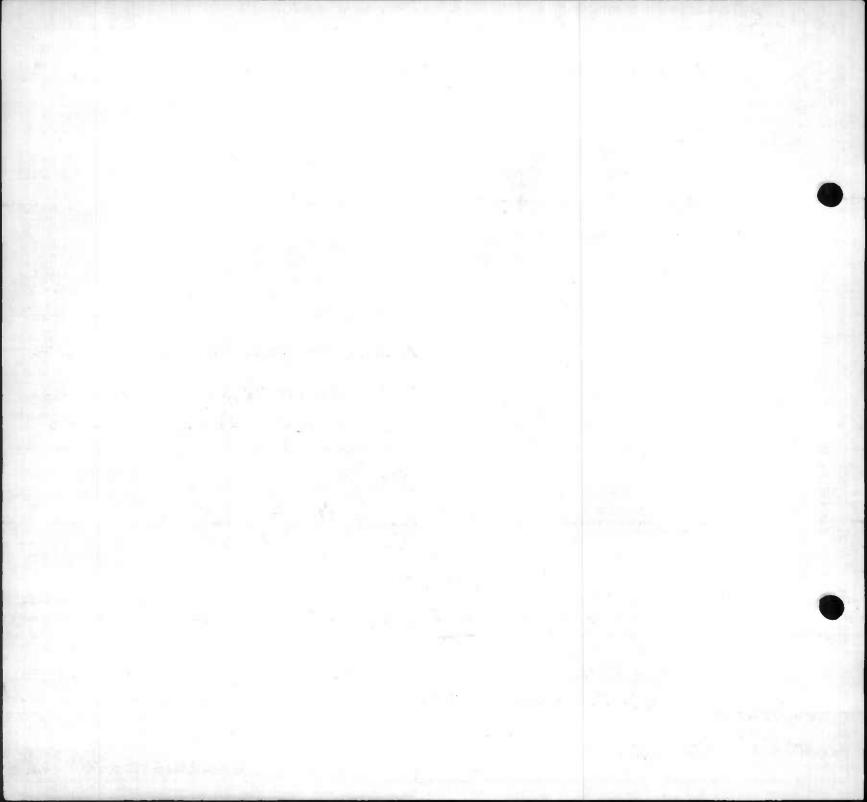
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

VS 150-REV. 1/1/65

Registered Na.



Such

N		BALTIMORE CITY	HEALTH DEPARTMENT	/		
V	BIRTH NO. 66 11827	CERTIFICA	TE OF DEATH	Registered Na	66 113	52/_
	M.E. CASE NO.  1. NAME OF DECEASED			ND HOUR OF DEATH	<u> </u>	
	(Type or Print)  George H. Whe	eler Jr.	No	vember 22, 1	1966   4:	10 p.m.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe		stitution: residence before	admission)
	FULL NAME OF (If nat in hospital ar institut HOSPITAL OR address or location) INSTITUTION	an, give street			Balts C. RURAL ond give township	)
	St. Agnes Hospita	1		27)	030	0.0
	ot. Agnes hospita	* 1	408 4th Aven	-		
		TED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Un Months Doys Hours	der 24 Hrs.
1		rried (specify)	6/8/17	lost birthday)	Monnis, Doys, Hours	win.
	10A. USUAL OCCUPATION (Give kind of work) 10B. KINI dane during mast of working life, even if refired) Disabled Veteran	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore Marylan		12. CITIZEN OF WHAT COUNTRY?	31
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
	George H.	Wheeler, Sr.	Minnie M.	Stein		
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na asympton of Services, na asympton of Servi	5an 205-09-0111	17. INFORMANT Mrs. KXKNXXXX	Catherine P.	ADDRESS 40 Wheeler, Av	
	LEADING TO DEATH  (This does not mean the made of dying, heart failure, asthenia, etc. If means the dise injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION last.	(B)	onary Arter Anglina Pa Chunic Cos Heart	Asea Classes Metaline Failure	e Ty	V3
	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
	198. CONDITION WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	a) 208. IF YES, WERE I		641
	U 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exomine)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltimare	City, give exoct locofion	1)
	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While Work At Work		JURY OCCUR?		
re opt	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and hour and from the couses stated above	on //OV .	19.66 and th	not in (my) (aur) api	10 ZZ	n the date
rai must	23A. SIGNATURE MICHTON	M.D. Atte	ending Med.	Stoff Phys.	238. DATE SIGNED	6
approvat	23C. PATSICIANES NAME (Type)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	M.D.		OCATION (C)	ty, town, or county)	(State)

25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Avenue #21 VS 150-REV. 1/1/65

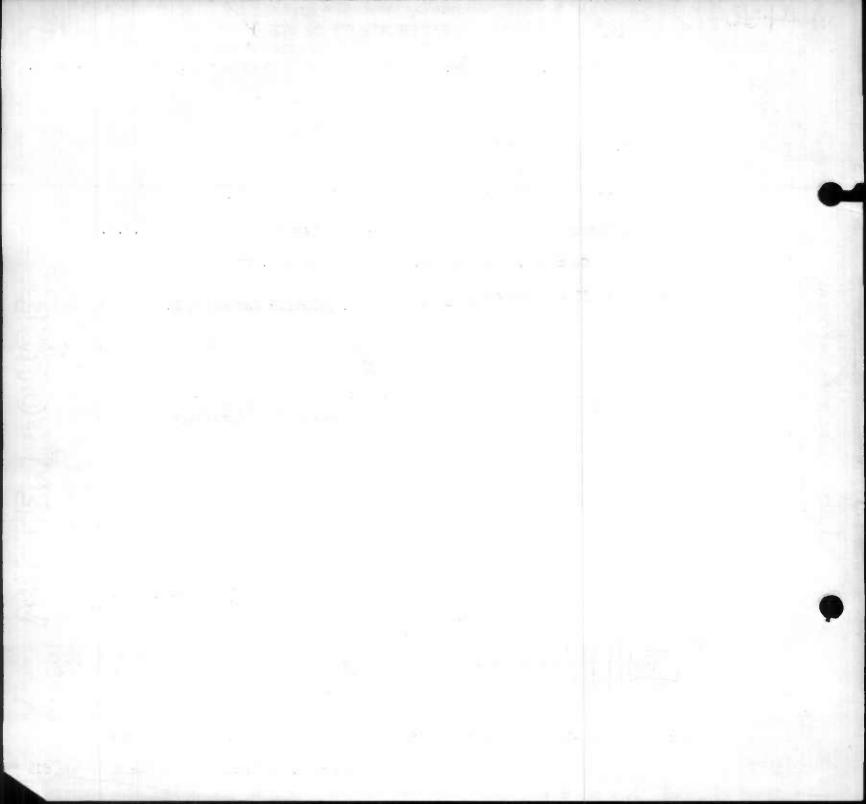
Baltimore National Cemetery

11-25-66

Burial

B_altimore, Maryland

ADDRESS

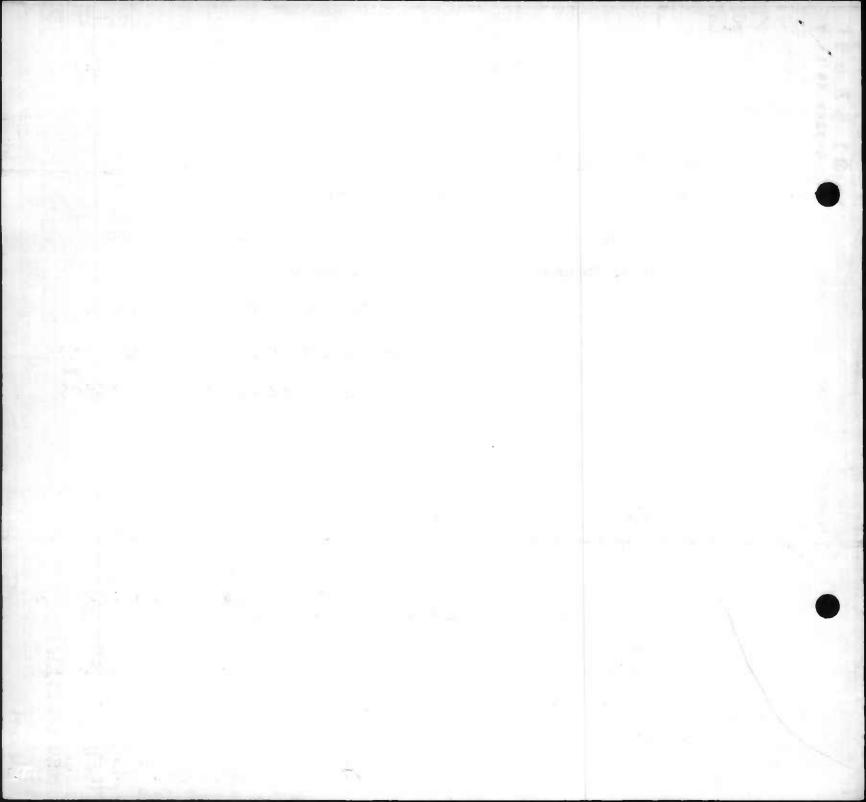


Such

	AME OF DECEASE	D	н.	2. DATE AN	D HOUR OF DEATH	2
			Karen Johnson		11/23/66	1:00 P
3. P	PLACE OF DEATH	IN BALTIMORE, MA	RYLAND	A. STATE B. COUN		stitution: residence before admission
F	FULL NAME OF	(If not in hospital	or institution, give street	Delawar	:e	V-07
H	HOSPITAL OR	oddress or locotio	n)	C. CITY OR TOWN (If ou		
	2			Wilming	ton West	over Hills 1980
				D. STREET ADDRESS (If	rurol, give location)	
	The John	ns Hopkin	s Hospital	700 Hop	eton Road	
5. S	EX 6. R	ACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H
	F	W	NEVER MARRIED	5/12/46	20	74.01.11
ΙÓΆ.	USUAL OCCUPAT	TON (Give kind of wor	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZEN OF
done	during most of worki	ng life, even if retired)		74.		WHAT COUNTRY?
	Stud	ent		Virgir	nia	USA
3. [	FATHER'S NAME			14. MOTHER'S MAIDEN NA	WE	
	Emil (	). Johnso	n —	Cornelia Te	dford	
5. V	Wos Deceosed Ever	Johnso	ces? 16. SOCIAL	17. INFORMANT		ADDRESS
165	s, no or unknown! (III )	yes, give wor or dote	s of service) SECURITY NO.	Man Tomas 3 C	Talence -	(0
	10	37.	CAUSE O	Mr. Emil O.	Jonnson	(Same)
	18. 2 2 3	X		T ULAIM		ONSET AND DEATH
-		R CONDITION DI	RECTLY	01110-000 21	2-40	11 DAVS
		nean the made of	dving e.g. DUE TO	AINS I ETT EL	6777	4 DAYS
	heart failure, asth	enia, elc. Il means	the disease,			
	injury or complice					
			death.)	COUSTIC NEW	ROMA	YEARS
		ECEDENT CAUSES	001 10	AINSTEM EL COUSTIC NEO	ROMA	YEARS
	DISEASES OR	ECEDENT CAUSES	any, giving			YEARS
	DISEASES OR	ECEDENT CAUSES CONDITIONS, if bave cause (A)	any, giving	COUSTIC NE		YEARS
	DISEASES OR	ECEDENT CAUSES CONDITIONS, if bave cause (A)	any, giving			YEARS
NO	DISEASES OR OF THE PROPERTY OF	ECEDENT CAUSES CONDITIONS, if bave cause (A) ONDITION last.	any, giving stating the (C)			YEARS
ATION	DISEASES OR OF THE CONTROL OF THE CO	ECEDENT CAUSES CONDITIONS, if bave cause (A) ONDITION last.  II ANT CONDITIONS CA	any, giving stating the (C)			YEARS
ICATION	DISEASES OR GISSE IN THE PROPERTY OF THE PROPERTY OF THE DEAT DISEASE OR CONTINUE TO THE DISEASE OR CO	CONDITIONS, if bave cause (A) ONDITION last.  II CONDITION TO THE CONDITION CONDITIONS (A) HOUT NOT RELY HOUTHON CAUSING ERATION 198. CON	any, giving stating the (C)	20A. AUTOPSY? (Yes or N	o) 20 <b>B. IF YES, WERE</b>	FINDINGS CONSIDERED
RTIFICATION	DISEASES OR OF THE PROPERTY OF THE DEAT DISEASE OR CON 19A-DATE OF OP	CONDITIONS, if bave cause (A) ONDITION last.  III  ONT CONDITION SCI.  H BUT NOT REL.  HOITON CAUSING REATION 198. CON	any, giving slating the (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED
RTIFIC	DISEASES OR OF THE PROPERTY OF THE DEAT DISEASE OR CON 19A. DATE OF OP 19 NOV 21A. ACCIDENT V	CONDITIONS, if bave cause (A) ONDITION last.  INT CONDITIONS CAUSING CONDITION CAUSI	any, giving stating the (C)	20 A. AUTOPSY? (Yes or N  7  9  5  in or obout 21 C. WHERE DID	o) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
AL CERTIFIC	DISEASES OR OF THE PROPERTY OF THE DEAT DISEASE OR CON 19A. DATE OF OPTER OF THE PROPERTY OF T	CONDITIONS, if bave cause (A) ONDITION last.  II  INT CONDITION SCHEDING CAUSING BERATION 198. CONDITION CAUSING BERATION 198. CONDITIONS OF CAUSE	any, giving stating the (C)	20 A. AUTOPSY? (Yes or N  7  9  5  in or obout 21 C. WHERE DID	o) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
DICAL CERTIFIC	DISEASES OR OF THE PROPERTY OF THE DEAT DISEASE OR CON 19A. DATE OF OP 19 NOV 0 CONTRIBUTION DEATH (notify med)	CONDITIONS, if bave cause (A) ONDITION last.  II  INT CONDITION SCHEDING CAUSING BERATION 198. CONDITION CAUSING BERATION 198. CONDITIONS OF CAUSE	any, giving stating the (C)	20 A. AUTOPSY? (Yes or N  7  9  5  in or obout 21 C. WHERE DID	o) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
DICAL CERTIFIC	DISEASES OR OF THE SIGNIFICATION THE DEAT DISEASE OR COMPANDATE OF OPPOSE OF CONTRIBUTION DEATH (notify med OF INJURY)	CONDITIONS, if bave cause (A) ONDITION last.  INTERPOLATION TO THE CONDITION CAUSING ERATION 198. CON WAS PER CAUSE OF dicol examiner)	any, giving stating the (C)	20 A. AUTOPSY? (Yes or N  7	o) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
DICAL CERTIFIC	DISEASES OR HISE TO THE OF TO THE DEAT DISEASE OR CON 19A-DATE OF OPI 19A-DATE OF OPI 21A-ACCIDENT VOR CONTRIBUTIN. DEATH (notify med 21D. TIME (M.)	CONDITIONS, if bave cause (A) ONDITION last.  INTERPOLATION TO THE CONDITION CAUSING ERATION 198. CON WAS PER CAUSE OF dicol examiner)	any, giving slaling like (C)	20A. AUTOPSY? (Yes or N  7	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?  • City, give exact location)
MEDICAL CERTIFIC	DISEASES OR HISE TO THE OF OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19A-DATE OF OPI 19 NOV 21A-ACCIDENT VOR CONTRIBUTINDEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. 1 certify tho	CONDITIONS, if bave cause (A) ONDITION last.  II  INT CONDITION SCHEDING CAUSING BUT NOT RELY INDERLYING GO AUSE OF Sicol examiner)  A CONDITION CAUSING BEATION 198. CON WAS PERTION 198. CON WAS PERTION CAUSING GO CAUSE OF Sicol examiner)	any, giving slaling lhe (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  (Hour) 21E. INJURY OCCURRED  While At At Work  1) ottended the deceased from	20 A. AUTOPSY? (Yes or N  7	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)
MEDICAL CERTIFIC	DISEASES OR HISE TO THE OF OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19A-DATE OF OPI 19 NOV 21A-ACCIDENT VOR CONTRIBUTINDEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. 1 certify tho	CONDITIONS, if bave cause (A) ONDITION last.  II  INT CONDITION SCHEDING CAUSING BUT NOT RELY INDERLYING GO AUSE OF Sicol examiner)  A CONDITION CAUSING BEATION 198. CON WAS PERTION 198. CON WAS PERTION CAUSING GO CAUSE OF Sicol examiner)	any, giving slaling lhe (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  (Hour) 21E. INJURY OCCURRED  While At At Work  1) ottended the deceased from	20 A. AUTOPSY? (Yes or N  7	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)
MEDICAL CERTIFIC	DISEASES OR HISE TO THE OF TO THE DEAT DISEASE OR COM 19A-DATE OF OPI 19 NOV 21A-ACCIDENT VOR CONTRIBUTIN DEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. 1 certify tho	CONDITIONS, if bave cause (A) ONDITION last.  INT CONDITION SC. HOTHORY NOT RELABITION CAUSING BERATION 198. CON WAS PER OF CAUSE OF Chicol examiner)  INT CONDITIONS (A) HOTHORY NOT RELABITION CAUSING BERATION 198. CON WAS PER OF COURSE	any, giving slaling lhe (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  218 PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  (Hour) 21E INJURY OCCURRED While At Work  Work Not While At Work  1) ottended the deceased from and ed alive on 23 NOV	20 A. AUTOPSY? (Yes or N  7	O) 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimore)  URY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)
MEDICAL CERTIFIC	DISEASES OR HISE TO THE OF TO THE DEAT DISEASE OR CON  19A-DATE OF OPI  21A-ACCIDENT VOR CONTRIBUTIN, DEATH (notify med  21D. TIME OF INJURY (APPROX.)  22. 1 certify they that (1) (we) los and hour and free	CONDITIONS, if bave cause (A) ONDITION last.  INT CONDITION SC. HOTHORY NOT RELABITION CAUSING BERATION 198. CON WAS PER OF CAUSE OF Chicol examiner)  INT CONDITIONS (A) HOTHORY NOT RELABITION CAUSING BERATION 198. CON WAS PER OF COURSE	any, giving slaling lhe (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  (Hour) 21E. INJURY OCCURRED  While At At Work  1) ottended the deceased from	20 A. AUTOPSY? (Yes or N  7	O) 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimore)  URY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)  23 NOV 19 66  nion death occurred on the d
MEDICAL CERTIFIC	DISEASES OR HISE TO THE OF TO THE DEAT DISEASE OR COM 19A-DATE OF OPI 19 NOV 21A-ACCIDENT VOR CONTRIBUTIN DEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. 1 certify tho	CONDITIONS, if bave cause (A) ONDITION last.  INT CONDITION SC. HOTHORY NOT RELABITION CAUSING BERATION 198. CON WAS PER OF CAUSE OF Chicol examiner)  INT CONDITIONS (A) HOTHORY NOT RELABITION CAUSING BERATION 198. CON WAS PER OF COURSE	any, giving stating the (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  (Hour) 21E. INJURY OCCURRED While At Not While At Work  1) ottended the deceased from ted obove. (I) (We) (did) (did nat)	20 A. AUTOPSY? (Yes or N  7	O) 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimore)  URY OCCUR?  19 66 to	FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)
MEDICAL CERTIFIC	DISEASES OR HISE TO THE OF OTHER SIGNIFICATO THE DEAT TO THE TO T	CONDITIONS, if bave cause (A) ONDITION last.  INT CONDITION SC. HOTHORY NOT RELABITION CAUSING BERATION 198. CON WAS PER OF CAUSE OF Chicol examiner)  INT CONDITIONS (A) HOTHORY NOT RELABITION CAUSING BERATION 198. CON WAS PER OF COURSE	any, giving stating the (C)	20A. AUTOPSY? (Yes or N  9	O) 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimon)  IURY OCCUR?  19 66 to	FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)  23 NOV 19 66  nion death occurred on the d
MEDICAL CERTIFIC	DISEASES OR HISE TO THE OF TO THE DEAT DISEASE OR CON  19A-DATE OF OPI  21A-ACCIDENT VOR CONTRIBUTIN, DEATH (notify med  21D. TIME OF INJURY (APPROX.)  22. 1 certify they that (1) (we) los and hour and free	CONDITIONS, if bave cause (A) ONDITION last.  INT CONDITION SC. HOTHORY NOT RELABITION CAUSING BERATION 198. CON WAS PER OF CAUSE OF Chicol examiner)  INT CONDITIONS (A) HOTHORY NOT RELABITION CAUSING BERATION 198. CON WAS PER OF COURSE	any, giving stating the (C)	20 A. AUTOPSY? (Yes or N  7	O) 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimore)  URY OCCUR?  19 66 to	FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)  23 NOV 19 66  nion death occurred on the d
MEDICAL CERTIFIC	DISEASES OR HISE TO THE OF UNDERLYING CO OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19A-DATE OF OPI 19 NOV 21A-ACCIDENT VOR CONTRIBUTINDEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. I certify though that (I) (we) los and hour and from 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	CONDITIONS, if bave cause (A) ONDITION last.  INT CONDITION SCHEDING CAUSING BEATION 198. CON WAS PERTION CAUSING BEATION (Day) (Year)  It (I) (this hospital town the couses stown the couses st	any, giving stating the (C)	20 A. AUTOPSY? (Yes or N  7	O) 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimon  IURY OCCUR?  19 66 to	FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)  23 Nov 19 66  nion death occurred on the diagram of the diagra
MEDICAL CERTIFIC	DISEASES OR  iise to the o  UNDERLYING CO  OTHER SIGNIFICA  TO THE DEAT  DISEASE OR CON  19A. DATE OF OPI  21A. ACCIDENT V  OR CONTRIBUTIN  DEATH (notify mee  21D. TIME  OF INJURY  (APPROX.)  22. I certify thou thot (I) (we) los and hour ond fro  23A. SIGNATURE  23C. PHYSICIAN'S  NAME (Type)	CONDITIONS, if bave cause (A) ONDITION last.  II  INT CONDITION SCH.  IDITION CAUSING BERATION 198. CON WAS PER (B) CAUSE OF Caus	any, giving stating the (C)	20A. AUTOPSY? (Yes or N  7	OPKINS HOS	FINDINGS CONSIDERED USES OF DEATH?  City, give exoct locotion)  23 Nov 19 66  nion deoth occurred on the d  23R, DATE SIGNED 23 Nov-66
MEDICAL CERTIFIC	DISEASES OR HISE TO THE OF UNDERLYING COUNTY OF CONTRIBUTIND DEATH OF INJURY (APPROX.)  21 A. ACCIDENT VOR CONTRIBUTINDEATH (notify med Contributing)  22 D. TIME OF INJURY (APPROX.)  22. I certify the thot (I) (we) los and hour and from the contribution of the contr	CONDITIONS, if bave cause (A) ONDITION last.  II  INT CONDITION SCH.  IDITION CAUSING BERATION 198. CON WAS PER (B) CAUSE OF Caus	any, giving stating the (C)	20 A. AUTOPSY? (Yes or N  7	OPKINS HOS	FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)  23 Nov 19 66  nion death occurred on the d  23B. DATE SIGNED 23 Nov 66  pital  ty, town, or county) (State

was D.O.A. at a hospital

St. Wilm.



In the Manager of the Ar 1 1 1 2 2 11 attendance on the rior to death. Such

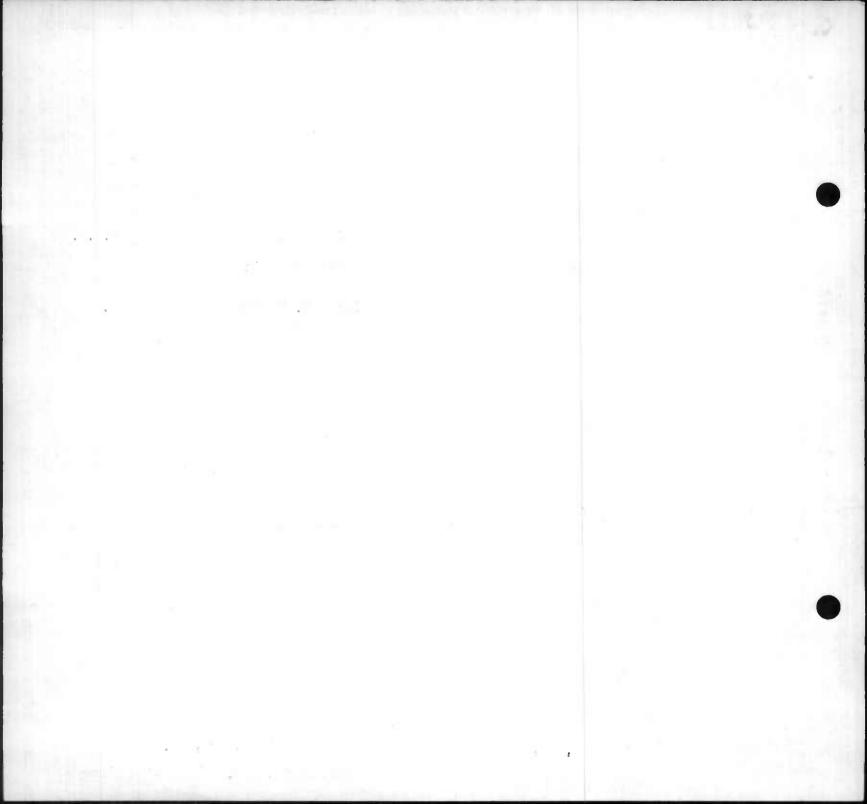
10	11000	BALTIM
de	11830	CEDI

## LTIMORE CITY HEALTH DEPARTMENT

IFICATE	OF	DEATH	Registered

Registered No. 66 11830	Registered	Na	66	11830	)
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i I	E CASE NO.	CERTIFICA	IE OF DE	AIH	
1.1	IAME OF DECEASED			DATE AND HOUR OF DEATH	1
(Ту	De or Print CONENDO MARIO	7)		11/22/66	11:20 AM
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDI	B. COUNTY	institution: residence before odmission)
li .	FULL NAME OF (If not in hospital or institution,	give street	Maryla	nd	
	HOSPITAL OR oddress or location) NSTITUTION		C. CITY OR TOW		RURAL and give township)
10	HOUSE IN the PINES	/	Baltim D. STREET ADDR		13-01
	BELVEDERE NURSING.	home	827 Lak	e Drive	
5. :	WIDOWE	D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10B, KIND O eduring most of working life, even if retired)		11. BIRTHPLACE	State or foreign country!	12. CITIZEN OF WHAT COUNTRY?
	lousewife FATHERS NAME		Baltimo	re, Maryland	U.S.A.
'3'			Sarai Ros		
15.	Bernhard Goldstrom Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	Selle ce III	ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Alfred F	. Walker Equita	hle Bldg
-	no	CAUSE O		. Walkel Equitor	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(a) arte	nosclerots	heart disease	21 / 45
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease	DUE TO	***************************************		
	injury ar camplication which caused death.)	,			
	ANTECEDENT CAUSES	(B) DUE TO			20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	DISEASES OR CONDITIONS, if any, giving				
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	***********		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTINTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	G Servile	e brai	n Synchrome	10 years
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY	(Yes or No.) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CER	21 A. ACCIDENT WAS UNDERLYING 211	B. PLACE OF INJURY (e.g., i			ere City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ne, form, foctory, street, of .)	tice bldg., INJURT	OCCUR?	
0	21 D. TIME (Month) (Doy) (Year) (Hour) 218	INJURY OCCURRED		W DID INJURY OCCUR?	
2	(APPROVI	hile At Not While	e [		
	22. I certify that (I) (this hospital) attended	the deceased from		1960 to	MOV. 77 1966
	that (I) (we) last saw the deceased alive an	MN AND	19 60	and that in(my) (our) ap	inian death occurred an the date
	and haur and fram the causes stated above. (	l) ( <del>We)</del> ( <del>dld</del> ) (did nat) v	iew the bady aft	ter death.	
	23A. SIGNATURE		/		23B. DATE SIGNED
	Sterland of Gurdeno Ker	mc M.D. Atte	ending Me	ed. Stoff Phys.	11-24-66
	23C. PHYSICIAM'S NAME (Type)		23D. ADDRESS		
	HERBERT N. GUNDER	SHEIMER M.D.	Rive	ra Cepts (	Balto Md
24		AME of CEMETERY OF CRE	MATORY	24D. LOCATION	City, town, or county) (State)
25/	Burial Nov. 25.66 He			y Baltimore, Mo	ADDRESS
		B & Fally MA		2	Eutaw Place
VS	150-REV. 1/1/6 NOV 28 1966 () See	DE. Valentin	, Justin 10		



Soch

0.0 1	BALTIMORE CITY	HEALTH DEPARTMENT	1	
ыктн но. 66 11831	CERTIFICA	TE OF DEATH	Registered No.	66 11831 -
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Point)  P.	+	2. DATE AND	HOUR OF DEATH	-35 0
Type or Print) KENNETH	EVANS	11/	25/66	13 0 P
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If ins	titution: residence before admission.
FULL NAME OF (If not in hospital or institutio	n, give street	MARYLAND		ARUNDEL Co
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outs		1
∠ SINAI HB8PITAL		GLEN BURNI	rol, give location)	5 2-00
4 × SINAL HOURTFAL			IEW RO.	
SEX 6. RACE 7. MARRIE	ED. NEVER MARRIED		AGE (In years	If Under 1 Yr If Under 24 Hrs.
MALE WHITE WIDOV	MARRIED (specify)	OEC.24,1918	st birthday)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working tife, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	TINGHOUSE	CHATANOOGA, T	ENN.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
HARVEY V.	EVANS	LINDA	M. REED	
5. Was Deceased Ever in U. S. Armed Forces? fes, no or unknown][(If yes, give war or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
yes W.W. 2	410/10/0051	MRS. MARTHA E	EVANS	SAME AS #4
18. 4. 21	CAUSE O		- LUMING	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		Λ	1	ONSET AND DEATH
LEADING TO DEATH	(A) ACU	TE MYELOB	LASTIC hel	DREMIA NOWK
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, givinise to the obove couse (A) sloting I UNDERLYING CONDITION lost.	ng			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
198. CONDITION FO WAS PERFORMED	R WHICH OPERATION	YES YES	20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Baltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)	hee bidg., INJURY OCCUR?		,, ,
DEATH (notify medical examiner)		21F. HOW DID INJU	RY OCCUR?	
DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY	etc.)  21E. INJURY OCCURRED  While At   Not While	21F. HOW DID INJU	RY OCCUR?	
DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY (APPROX.)	etc.)  PTE, INJURY OCCURRED  While At  Not While  Not While  Not While  Not While  Not Work	21 F. HOW DID INJU		
DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY (APPROX.)  22. I certify that (II) (this haspital) attended	while At Not While At Work At Work	21F. HOW DID INJU	(6 to 1)	25 1966
DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) thought (APPROX.)  22. 1 certify that (1) (this haspital) attended that (1) (we) last saw the deceased alive at	while At Not While At Work At Work At Work	21 F. HOW DID INJU	(6 to 1)	25 1966
DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY (APPROX.)  22. I certify that (1) (this haspital) attended	while At Not While At Work At Work At Work	21 F. HOW DID INJU	(6 to 1)	25 1966
DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and from the causes stated above	while At Not While At Work At Work At Work (I) (We) ((did) ((did not) v	21F. HOW DID INJU	t in (my) (aur) apin	ian death accurred an the da
DEATH (notify medical examiner)  210. TIME (Month) (Day) (Year) (Hour)  210. TIME (Month) (Day) (Year) though (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive a and haur and fram the causes stated above 23A. SIGNATURE	while At Not While At Work At	21F. HOW DID INJU	t in (my) (aur) apin	ian death accurred an the dat
DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (Hour)  22C. I certify that (1) (this haspital) attended that (1) (we) last saw the deceased alive at and haur and fram the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Yypt) JAMES SOBEL	while At Not While At Work At	21F. HOW DID INJU	t in (my) (aur) apin	25 19 6 6 ian death accurred an the dar 23B. DATE SIGNED 11/25/66 IMORE, MD.
DEATH (notify medical examiner)  210. MME (Month) (Day) (Year) (Hour)  210. MME (Month) (Day) (Year) (Hour)  22. I certify that (()) (this haspital) attended that (1) (we) last saw the deceased alive at and haur and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) JAMES SOBEL	White At Not White At Work At Work    (I) We) (did) (did not) v	21F. HOW DID INJU	t in (my) (aur) apin	ian death accurred an the da
DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (Hour)  22. I certify that (II) (this haspital) attended that (II) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) JAMES SOBEL  24A. BURIAL CREMATION, REMOVAL (Specify)  BURIAL (Specify)  BURIAL (Specify)	white At Not White At Work Not Work Not Work Not Work At Work Not	21F. HOW DID INJU	t in (my) (aur) apin	ian death accurred an the date 238. DATE SIGNED 11/25/66 IMORE, MO. (Stote)

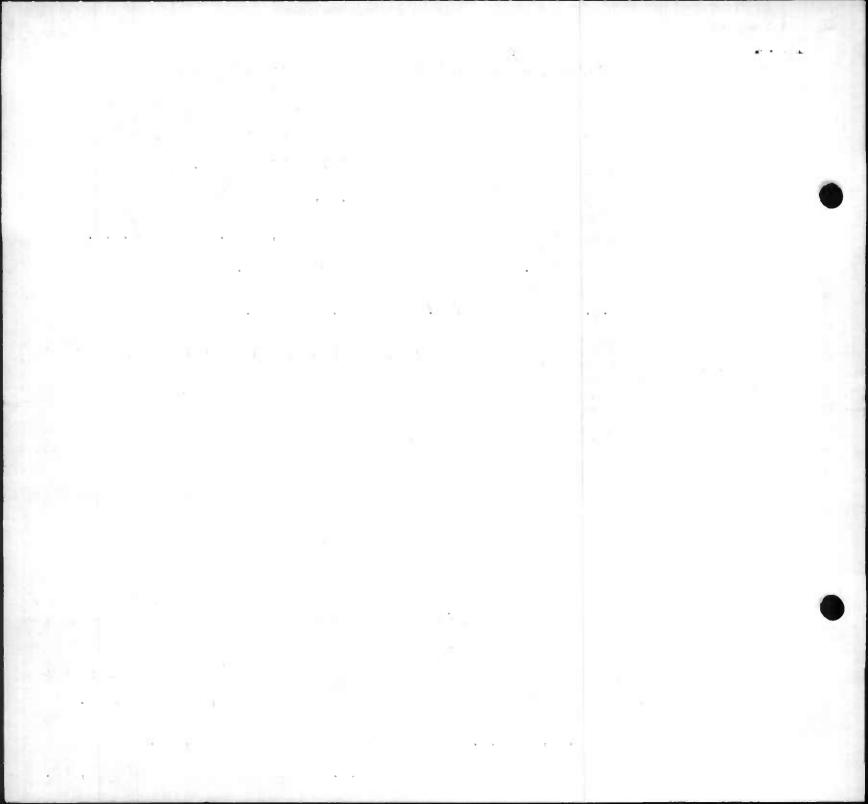
R.V. SINGLETON

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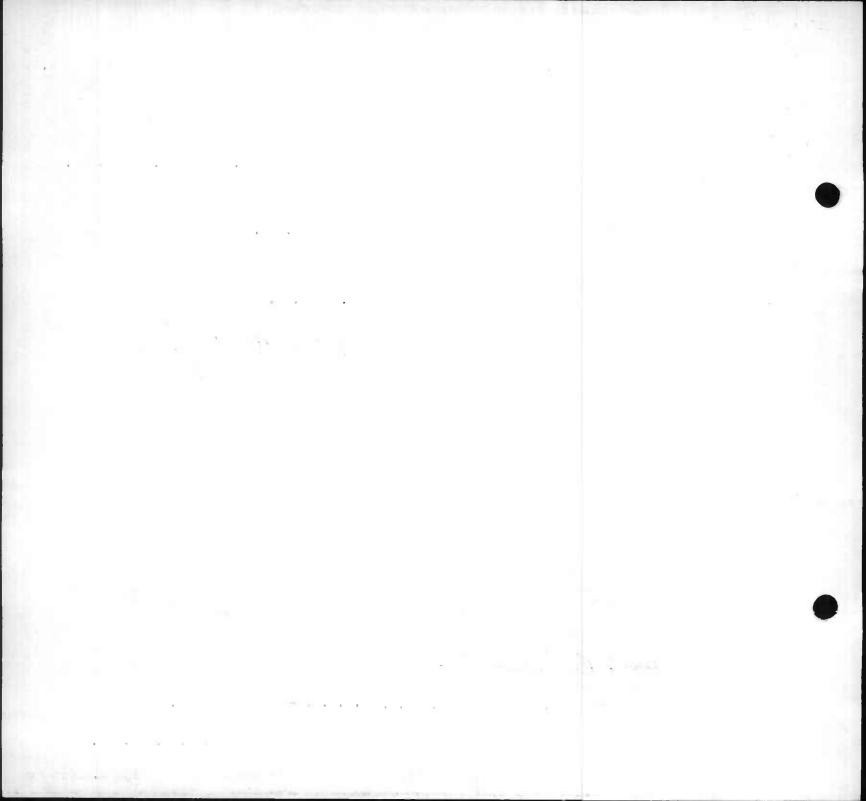
Poles E Fallem

VS 150-REV. 1/1/65



_	6	1
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT	S & E	in v
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ERA	me me ly bu	ph)
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	dy (E)	was D.O.A. at a hospital (except where the physician who pronounced death was in regular a deceased prive prior to death); and (6) No physician was in regular attendance on the deceased priveriten approval must be obtained before the remains are embalmed or final disposition is made.
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	T + 4s	¥ 9 ¥

	BALTIMORE CIT	TY HEALTH DEPARTMENT	(3/) 4 4
		ATE OF DEATH Registered N	. 66 11832
1. N	AME OF DECEASED	2. DATE AND HOUR OF DEAT	Н
''	James P. Larkins	11/25/66	5:55 a. N
3. F	PLACE OF DEATH IN SALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. II	institution: residence before admission
H	FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION	Ealtimore  C. CITY OR TOWN (If outside city limits, wri	e RURAL and give township)
	3	Maryland D. STREET ADDRESS (If rurol, give locotion)	25-05
d	outh Baltimore General Hospital		to. 21225. Md.
<u>ر</u> 5، Ş	EX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
	Male White Married	10/2/16   last birthdoy) 50	Months Days Hours Min,
ΙđΆ	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST		12. CITIZEN OF
lon	e during most of working lite, even if retired)  Retired Laborer  Box Factory	Balto. Md.	U S A
13.	Retired Laborer   Box Factory	14. MOTHER'S MAIDEN NAME	ODA
	John Larkins	Mary Unknown	
5.		17. INFORMANT	ADDRESS
(Yes	Was Deceased Ever in U. S. Armed Farces? s, no or unknown) (If yes, give wor or dotes of service)  NO	Mrs. Eliz. M. Larkins	Same
_	18. CAUSE	OF DEATH	INTERVAL BETWEEN
N	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il any, giving rise lo lhe above cause (A) slaling the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
CATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	120A AUXORESS (Yes or No.) 208 IF MES 1415	or children considered
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	YES  20 A. AUTOPSY? (Yes or No.)  YES  20 B. IF YES, WE IN CERTIFYING	CAUSES OF DEATH?
( )	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g. home, form, foctory, street, letc.)	office bldg., INJURY OCCUR?	nore City, give exact location)
AL			
EDICAL	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
DICAL	OF INJURY (APPROX.)  (Month) (Doy) (Yeor) (Hour)  21E. INJURY OCCURRED  While At Not W work  At Wo	hile	
MEDICAL	OF INJURY (APPROX.)  While AI Not Work  Not Work	hile	1/25/66 19
MEDICAL	OF INJURY (APPROX.)  While AI Not Work  At Wo  22. I certify that (X) (this haspital) attended the deceased fram	ink	1/25/66 19
MEDICAL	OF INJURY (APPROX.)  While Al  Not Work  22. I certify that (X) (this haspital) attended the deceased fram that (A) (we) last saw the deceased alive an 11/25/66	11/25/66 19 ta ]	1/25/66 19
MEDICAL	OF INJURY (APPROX.)  While AI Not Work  At Wo  22. I certify that (X) (this haspital) attended the deceased fram	11/25/66 19 ta ]	1/25/66 19 ppinian death accurred an the da
MEDICAL	OF INJURY (APPROX.)  While AI Not Work  22. I certify that (X) (this haspital) attended the deceased fram that (A) (we) last saw the deceased alive an 11/25/66 and have and fram the causes stated above. (1) (We) (did) (did not)  23A. SIGNATURE	11/25/66 19 ta ]	23B DATE SIGNED
MEDICAL	OF INJURY (APPROX.)  While AI Work  22. I certify that (X) (this haspital) attended the deceased fram that (A) (we) last saw the deceased alive an 11/25/66 and haur and fram the causes stated above. (I) (We) (did) (did nat)  23A. SIGNATURE  A.D. A	11/25/66 19 ta ]	
MEDICAL	OF INJURY (APPROX.)  While AI Not Work  22. I certify that (X) (this haspital) attended the deceased fram that (X) (we) last saw the deceased alive an 11/25/66 and have and fram the causes stated above. (I) (We) (did) (did not)  23A. SIGNATURE  AMD. A P  23C. PHYSICIAN'S NAME (Type)	11/25/66 19 ta ]  19 and that in CASS (aur) of the body after death.  Attending Med. Stoff Phys. 2  23D. ADDRESS	23B. DATE SIGNED 11/25/66
MEDICAL	OF INJURY (APPROX.)  While AI Work  22. I certify that (X) (this haspital) attended the deceased fram that (A) (we) last saw the deceased alive an 11/25/66 and haur and fram the causes stated above. (I) (We) (did) (did not)  23A. SIGNATURE  CAMILO C. BALACUIT, JR., M.D.  CAMILO C. BALACUIT, JR., M.D.  BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY or C	hile   11/25/66 19 to 1   19   10   19   10   19   10   19   10   19   10   19   10   19   10   19   10   10	23B. DATE SIGNED 11/25/66
WEDICAL	OF INJURY (APPROX.)  While AI Work  22. I certify that (X) (this haspital) attended the deceased fram that (X) (we) last saw the deceased alive an 11/25/66 and haur and fram the causes stated abave. (I) (We) (did) (did nat)  23A. SIGNATURE  CAMILO C. BALACUIT, JR., M.D. A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY ar C.	Thile   11/25/66   19   10   10   10   10   10   10   10	23B. DATE SIGNED 11/25/66
WEDICAL	OF INJURY (APPROX.)  While AI Work  22. I certify that (X) (this haspital) attended the deceased fram that (A) (we) last saw the deceased alive an 11/25/66 and haur and fram the causes stated above. (I) (We) (did) (did not)  23A. SIGNATURE  CAMILO C. BALACUIT, JR., M.D. A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial  11 28 1966  Cedar Hill	Thile   11/25/66   19   10   10   10   10   10   10   10	23B. DATE SIGNED 11/25/66
WEDICAL	OF INJURY (APPROX.)  While AI Work  22. I certify that (X) (this haspital) attended the deceased fram that (A) (we) last saw the deceased alive an 11/25/66 and haur and fram the causes stated abave. (I) (We) (did) (did not)  23A. SIGNATURE  CAMILO C. BALACUIT, JR., M.D.  BURIAL CREMATION, 24B. DATE  11 28 1966  Cedar Hill	hile   11/25/66   19   to   19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19     19	23B. DATE SIGNED 11/25/66



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5		BALTIMORE CITY	HEALTH DEPARTMENT		
	WNO. 66 11834	CERTIFICA	TE OF DEATH	Registered No.	66 11834
1. N.	AME OF DECEASED	· IANONIS		D HOUR OF DEATH	1 01100
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	Jinver v		e deceased lived. If instit	ution: residence before odmission)
H	FULL NAME OF (If not in hospital or instituted oddress or location) NSTITUTION	tion, give street	C. CITY OR-TOWN ALOUI		(AL and give township)
0/	1/ 1/	0.0	Ballo	18-	03
	847 Holling	St.	D. STREET ADDRESS WHI	Turol, give, locotion)	7-1
5. S		RIED, NEVER MARRIED		9. AGE (In years I N	f Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIN during most of working lile, even if retired)		11. BIRTHPLACE (State or forei	gn country)	2, CITIZEN OF WHAT COUNTRY?
	EAMSTRESS TAI	LORING	MTHUNNIA		11515
13. 1	FATHERS NAME - SIX	ikis	14. MOTHER'S MAIDEN NAM	know	
15. V (Yes.	Was Deceased Ever in U. S. Armed Forces? i,no or unimown) (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	//	4612 Manaril
	100		Vencent Ws	szenekas	Balte 6, Dr.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	n .	40 con deal	ONSET AND DEATH
	(This does not mean the mode of dying, heart foilure, osthenia, etc. It means the disc		Interesteer	A	
	injury or complication which caused death.)  ANTECEDENT CAUSES	(8)	S. C. V. I	),	
	DISEASES OR CONDITIONS, if any, gi	DUE TO	Idea Land	9	am \$ 0 0 mmin 0 0 0 mm 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	tise to the obove cause (A) stating UNDERLYING CONDITION last.	the (C) (	44 pivion	8100	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT,	JTING THE	,		
	19A. DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED ES OF DEATH?
0 1	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C, WHERE DID INJURY OCCUR?	(If in Boltimore C	ity, give exact location!
144	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
8	(APPROX)	While At Not While At Work			
	22. I certify that (I) (this hospital) attend			965 to NOU	1966.
	that (I) (we) lost sow the deceased alive			at in(my) (aur) apinio	n deoth occurred an the dote
1 1	and hour and from the causes stated above	ve. (I) (We) (did) (did not) v	iew the body ofter deoth.	1	
	23A. SIGNATURE	M.D. Alte	nding Med.	Stoff	BR. DATE SIGNED
	23C. PHYSICIAN'S	Phy:	Director Director	Phys.	1101100
	NAME (Type) STANLEY	ANKLIDASM.D.	1101 Marden	Choree ,	La, md.
24A	REMOVAL (Specify) 24B. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D. LE	CATION (City.	town, or counted (Stotel)
25A		ME OF REGISTRAR	25G FUNERAL DIRECTOR		ADDRESS

M.E. CASE NO.	CEASED		2.	DATE AND HOUR OF	DEATH
(Type or Print)	Da	vid W. Force		11/23/66	2:20
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDER	NCE (Where deceased live B. COUNTY	ved. If institution: residence before odm
FULL NAME	OF (If not in hospital	or institution, give sheet	Maryla		WARD C
HOSPITAL OR	oddress or location		C. CITY OR TOWN	(If outside city limits	s, write RURAL and give township)
33			Ellico	ott City	63-00
				SS (If rurol, give loca	
The J	ohns Hopkin	s Hospital	Folly	Ouarter Ro	
_		WIDOWED, DIVORCED	specify)	9. AGE (In ye lost birthdoy)	Months Doys Hours
Male	White	Married 108, KIND OF BUSINESS OR	3/10/09	57	12. CITIZEN OF
done during most of	working life, even if retired)				WHAT COUNTRY?
Engineer		Construction		Lton, Ohio	
13. FATHER'S NA	ALE.		14. MOTHER'S MA	IDEN NAMÉ	
E.	Roscoe For	ce		Jones	
15. Wos Deceoses (Yes, no oi unknow	Ever in U. S. Armed For	s of service) 16. SOCIAL SECURITY	NO. 17. INFORMANT		ADDRESS
No		?	Mrs. Mary	Force, Rt. 2, El	Llicott City, Md
1B. / 4	3.01		CAUSE OF DEATH		INTERVAL BETWEE
DISEA	SE OR CONDITION DIE	RECTLY	$\alpha \wedge \alpha$		
	FEW DING TO DEATH				7116
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heart failure, injury or cor	osthenia, etc. It means application which caused	dying, e.g., Di the disease, deoth.1	OF IDBLAST	TOMP CEAR	FT POUL
heart failure, injury or cor	osthenia, etc. It means	dying, e.g., Di the disease, deoth.1	UE TO CERCENAL  OF LIOBLAST	OMA CERE	FT BRUM 2 MON
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The Johns Mervyn
248 DATE Bagan Hopkins Hospital 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial 11-26-1966 St. Johns 25A. DATE REC'D-BY HEALTH DEPT. 25B. NAME OF REGISTEAR NOV 28 1966 R. See E. Johns City, Md F.C. Higinbothom, Ellicott City, Md 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

CANGERS PROPERTY OF THE STATE O

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M	-6	2
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	a hospit ause of e; (5) De	ndance o deat
	uting c	prior 1
•	h occur contrib	ceased n is ma
	if deat rect or (4) Unde	was in the de spositio
RTAN	ssistant the di y kind;	death ince on final di
IMPO	or his a Also, if	attendo
FUNERAL DIRECTOR: IMPORTANT	aminer.	ho pro egular e emba
DIRE	dical excal	ician wras in r
NERAL	a mediody bur	he phys sician w
D.	y the clital by	vhere to No phy before
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	t be app sed to t	eath);
	ate mus as refea n accide	ior to d
	certific body we	was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.
	This the k	was dece

	BALTIMORE CIT	Y HEALTH DEPARTMENT	1	
BIRTH NO amapolus, Ind 11836	CERTIFICA	TE OF DEATH	Registered Na	00 11000
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  MASTER  3. PLACE OF DEATH IN BALTIMORE MARYLAND	1 MARSELAS	14-2:	HOUR OF DEATH	titudion: residence before odmission
FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location)	on, give street	A. STATE M.D. B. COUNT	(WONDS )	URAL one give township)
BONZ SECOURS A	OSPITAL	D. STREET ADDRESS (1) TO	i'C UM	52-00 Feary P.
	NEVER MARRIED		AGE (In years birthday)	If Under 1 Y/, If Under 24 Hrs. Manths: Doys Hours Min.
16A. USUAL OCCUPATION (Give kind of work 10 B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreigh	's MD.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  MELLIN GUY	BLAIR	14. MOTHERS MAIDEN NAM	ELEAN	RAWLINGS MARSELA.
15. Was Decaded Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	2 11 East Aven	ishe An	rapiles, MD.
1B. 571,01	CAUSE	DF DEATH	-	INTERVAL BETWEEN ONSET AND DEATH
DISEASÉ ÓR CONDITION DIRECTLY LEADING TO DEATH	Caste	OENTERITIS WITH Del	vdra tous	4 days
heart failure, asthenia, etc. It means the disectinity or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, given itself to the above cause (A) stating UNDERLYING CONDITION last.	(B) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE	John January and Market		
194. DATE OF OPERATION 198. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimore	City, give exact locotion)
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At Not Wh Work At Work		RY OCCUR?	
22. I certify that W(this hospital) attended that W(we) last saw the deceased alive to	on Nov	2 2 19 6 C and the	t in(my) (aur) apin	NOV 22 19 66 ian death accurred on the day
and haur and from the causes stated above 23A. SIGNATURE  Alexal	A	tending Med. S	Stoff Phys.	238. DATE SIGNED  NOV 22, 186
23C. PHYSICIAN'S NAME (Type) ALEYPE A. MC	LOCOTON M.D.	23D. ADDRESS	PECOURS	HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C  REMOVAL (Specify)  1/-24-64  25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	CEDAR B	LEMATORY 24D. LO	CATION (City	r, town, or county) (State)  HD.  APDRESS
NOV 28 1966 (L.C. VS 150-REV. 1/1/65	BE. FarberMA	John M. Toy las	- Acus Ul	mepoli, Md.

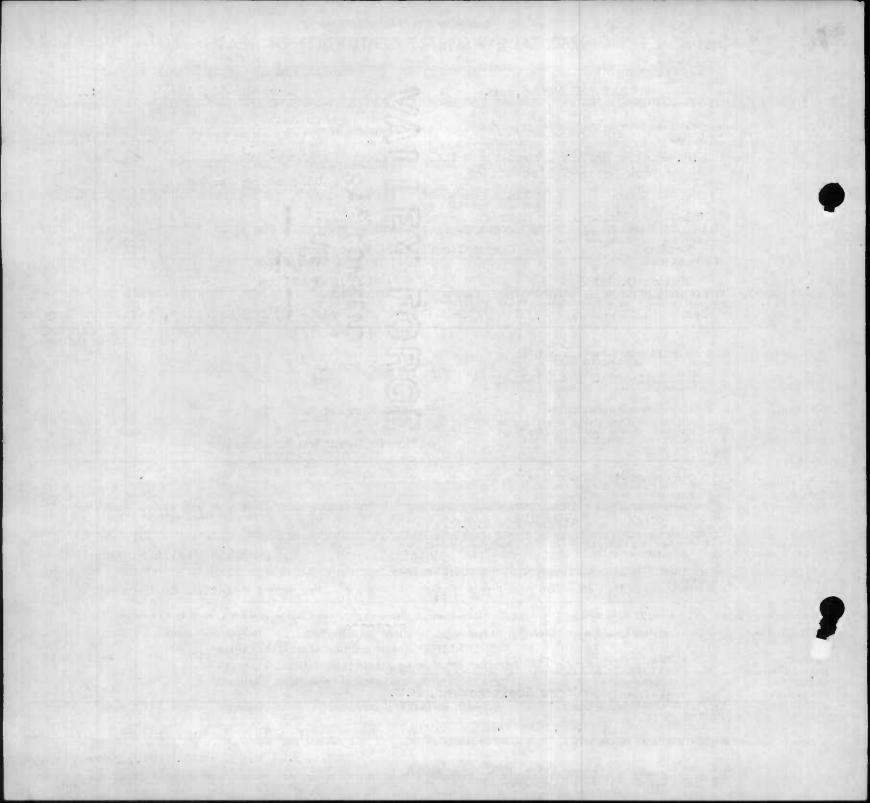
T. A. A. 33 V. S. PROVING CHEEF PLANT - TRACE PROPERTY OF THE PARTY OF THE The many was the total

24C, FUNERAL DIRECTOR

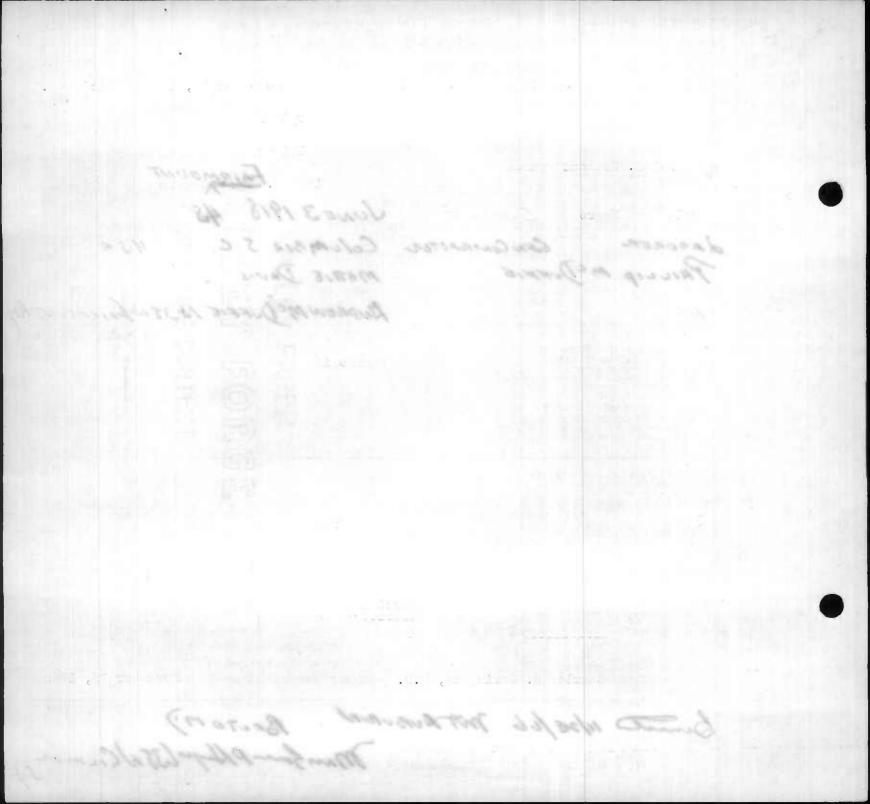
Harold S. Wade, 550 Wash. Blvd., Laurel, Maryland

24A. DATE REC'D BY HEALTH DEPT.

24B. NAME OF REGISTRAR



	TH NO.	WE	DICAL EX	XAMINER'S C	ERTIFICA	TE OF DEATH Reg	istered No	11000
1.	NAME OF DEC		OSEPH	MC DUFFIE		2. DATE AND HOUR PRONO November 24,	1966	11:40 A.M.
FUI	LL NAME OF SPITAL OR TITUTION	(IF NOT IN HOS ADDRESS OR LC	PITAL OR INSTIT	UNCED DEAD UTION, GIVE STREET	C. CITY OR TO	DENCE (Where doceosed lived, I B, aryland WN (If outside corporate limits, altimore RESS (If rurol, dive location) 838 W. A	write RURAL on	ence before odmission
don	Male	vorking life, even if retire	WIDOWED,	NEVER MARRIED DIVORCED(specify)  GLE  F BUSINESS OR INDUSTRY	SUNE COLUM	3 1918 lost birthday! (Stote or foreign country)  A 3 4 5 C  NAIDEN NAME	eors II Under Months	Yr. If Under 24 Hrs Doys Hours Min. NOF T COUNTRY?
		D EVER IN U.S. ARA		16. SO CIAL SECURITY NO.	17. INFORMANT	MCDUFFIE 1	S38WA	
NOL	(This does not help to follow the control of the co	SE OR CONDITION LEADING TO DE/ not meon the mode ostherio, etc. If me nplication which cous ANTECEDENT CAU OR CONDITIONS, I E ABOVE CAUSE (A IG CONDITION LA	ATH  of dying, e.g., cons the disease, ed death.)  JSES  F ANY, GIVING ) STATING THE	(A)	Pneumonia			INTERVAL BETWEEN ONSET AND DEATH
MEDICAL CERTIFICATION	TO THE DISEASE OF THE	OPERATION 198. (WAS  L CAUSE WAS OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Was)  Alfry that I held on ted from: Notural  URE	RELATED TO CING IT.  CONDITION FOR PERFORMED  21B. hom etc.)  Yeor) (Hour)  Inquiry   causes X	PLACE OF INJURY (e.g., e, form, factory, street,  21 E. INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	Yes in or obout 21 C. Volfice bldg. INJUR 21 F. H WHILE VORK Topsy X an CHIEF N ASSISTANT N	(? (Yes or No) 208. IF YES, WE IN CERTIFYING YES WHERE DID (If in Boltimore Ci Y OCCUR?  OW DID INJURY OCCUR?  Id that on this basis, death ide Undetermined in REDICAL EXAMINER A REDICAL EXAMINER	causes OF DE.	ATH?
RE	EXAMIN NAME (1 A. BURIAL CRE MOVAL (Specific	Type) MATION, 238. DATE  /// ////////////////////////////////	9/66	3C. NAME OF CEMETERY	OF CREMATORY	BALTO F	(City, town, or c	county) (Stote)
24	A. DATE REC'D	NOV 28 19	66 Rober	& E. Falley M.	Mar. FUNER	Some P Hay	~638 N	Cimon



Act Buckpenner Chim- Brodulte , Emplyen Cooker March Turkerthe mountain 11/26 June House of Morey Horpe W Theres A Gumier IR Brostyn Book 11-25 Burnes 11/30/66 mer Coloury

357-055263

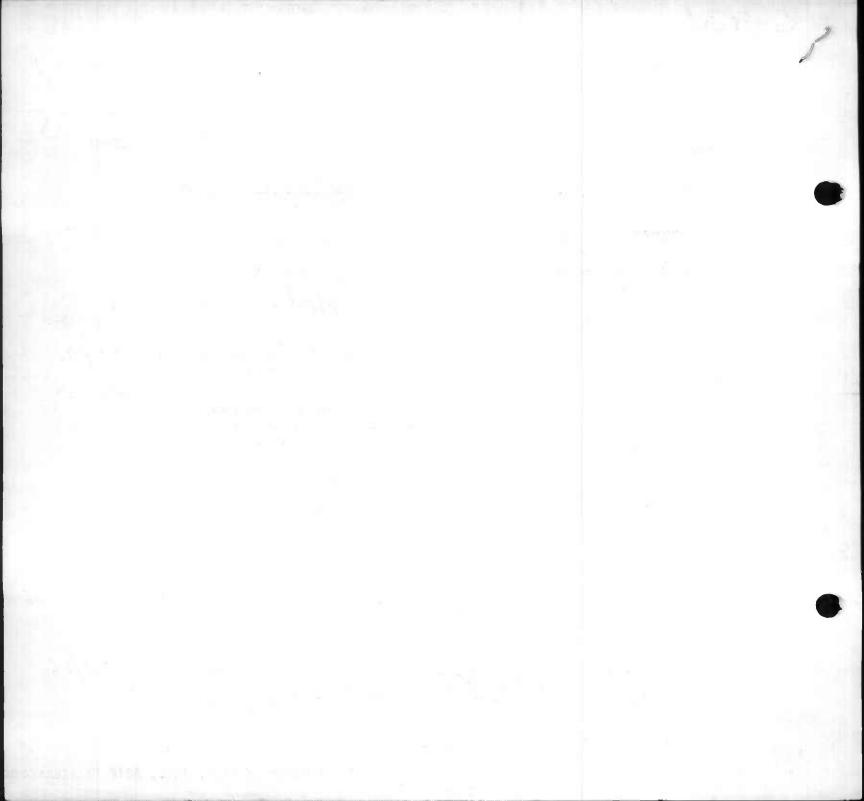
VS 150-REV. 1/1/65

CERTIFICATE OF DEATH  Registered No. DO 153  INAME CASE NO. DO 153  INAME OF SECRET  INAME OF SECRET  DATE AND HOUSE DITARY  NO. 1. 23 1966  S. DATE AND HOUSE DITARY  NO. 1. 23 1966  S. DATE AND HOUSE DITARY  NO. 1. 23 1966  S. DATE AND HOUSE DITARY  NO. 1. 23 1966  S. DATE AND HOUSE DITARY  NO. 1. 23 1966  S. START OF SECRET OF SEATH IN BEATMORE MARKIAND  S. START OF SECRET SEATH OF SEA	1	BALTIMORE CITY	HEALTH DEPARTMENT
DEFASE OF CONDITION DIECTLY  LEADING TO JEAN HEAD ACCOUNT NO. 12 A MARKET OF LEADING TO THE MINES OF DEATH  THE NAME OF BIT AND IN AGAING A WORK OF THE ANABATION OF THE AGAING OF LINES OF DEATH  THE NAME OF BIT AND IN AGAING A WORK OF THE AGAING OF THE A	-	MAR CASE NO. 66 11841 CERTIFICA	TE OF DEATH Registered No. 00 11341
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The control of the		3. PLACE OF BEATH IN BALTIMORE, MARYLAND	
MOSTILITIES OF CONTRIBUTION OF SUBJECT TO THE STREET AND EAST OF CONDITION DIRECTLY  I.S. WELL OF SEASON OF CONDITIONS, if only one including the subject of the control of		FULL MANS OF Missalis baseled as institutes are supply	A. STATE B. COUNTY
D. STREET ADDRESS I M rout, gre heading)  2307 ANDROKA AURUST  100. STREET ADDRESS I M rout, gre heading)  2307 ANDROKA AURUST  100. STREET ADDRESS I M rout, gre heading)  2307 ANDROKA AURUST  100. STREET ADDRESS I MOUNT GO FIRM IN MOORED TO THE STREET ADDRESS I MOUNT FOR THE STREET ADDRESS IN MOORED TO THE STREET ADDRESS I MOUNT FOR THE STREET ADDRESS IN MOORED TO THE STREET ADDRESS IN		HOSPITAL ORA oddress or location)	C. CITY OR TOWN, (If outside city limits, write RURAL and give lownship)
2307 ANDRA AVENUE  5. SEE		Mercy 1865 porge	
S. SEE    D. RACE   MARRIED NEVER MARRIED   S. DATE OF HITH   D. A Both (in your Min.)   Married No.		37 /	
TO THE STONIFICATION CONTINUNS.  DISEASE OR CONDITIONS, if any, giving in so the above accuse (A) solding the above accuse (A) solding the body accuse (A) solding the bod			R. DATE OF BIRTH # 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
done during noted working life, seven if retired)  13. FATHERS NAME  13. FATHERS NAME  14. MOINERS MAIDEN NAME  15. Was Decassed Eve in U. S. Adhard Facea?  16. SOCIAL  17. INFORMANT  18. MOINERS MAIDEN NAME  18. MOINERS MAIDEN NAME  19. INFORMANT  10. MORE AND DEATH  10. DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., the control of the course o		wid oved	ACHTERNATION AND 86 MARSHAN
13. FATHERS NAME			
S. Web Decessed Even in U. S. Almes Forcest   S. SOCIAL SCURITY NO.   SCURITY NO.   SCURITY NO.   SCURITY NO.   SCURITY NO.   SCURITY NO.   Medical record of the service		Housewife At Home	1 48519 USA
Security of the significant conditions contributing is the beat of condition for the determined by t		ACL CASE CI COM	
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UNDERLYING CONDITION lost.    UNDERLYING CONDITION SCONTRIBUTING		injury at complication which coused death.)	a tai da de uso e ka
UNDERLYING CONDITION lost.    UNDERLYING CONDITION SCONTRIBUTING		ANTECEDENT CAUSES  (B) The	homernhase;
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION 206. AUTOSSY: ('res or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH?  OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSES OF DEATH?  OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSES OF DEATH?  OR CONTRIBUTING CAUSE OF CONTRIBUTION COUNTRIBUTION CONTRIBUTION COUNTRIBUTION COUNTRIB		itse to the obove couse (A) storing the (C) A) (C)	rioscleratic cardiovescular years
19.A. DATE OF OPERATION   19.B. CONDITION FOR WHICH OPERATION   20.A. AUTOPSY? (Yes or No)   20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21.A. ACCIDENT WAS UNDERLYING   AUTOPSY? (Yes or No)   20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21.A. ACCIDENT WAS UNDERLYING   AUTOPSY? (Yes or No)   20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21.D. TIME   (Manth)   (Day)   (Year)   (Haur)   21.B. PLACE OF INJURY (e.g., in ar about 21.C. WHERE DID   (If in Baltimore City, give exact location)   home, farm, factory, street, office bldg., INJURY OCCUR?  21.D. TIME   (Manth)   (Day)   (Year)   (Haur)   21.B. INJURY OCCURRED   While At   Not While   At Work   At		UNDERLYING CONDITION Iosi.	diseage
19.A. DATE OF OPERATION   19.B. CONDITION FOR WHICH OPERATION   20.A. AUTOPSY? (Yes or No)   20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21.A. ACCIDENT WAS UNDERLYING   AUTOPSY? (Yes or No)   20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21.A. ACCIDENT WAS UNDERLYING   AUTOPSY? (Yes or No)   20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21.D. TIME   (Manth)   (Day)   (Year)   (Haur)   21.B. PLACE OF INJURY (e.g., in ar about 21.C. WHERE DID   (If in Baltimore City, give exact location)   home, farm, factory, street, office bldg., INJURY OCCUR?  21.D. TIME   (Manth)   (Day)   (Year)   (Haur)   21.B. INJURY OCCURRED   While At   Not While   At Work   At		O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURED OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimore City, give exact lacation) home, farm, factory, street, office bldg., lINJURY OCCUR?  21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURED OF INJURY (APPROX.)  222. I certify that (I) (this hospital) attended the deceased from Date of the date and haur and from the causes stated above. (I) (We) (did) (did not) view the body after death.  233. SIGNATURA  230. Physicians NAME (Type) Richard David Shuger M.D.  244. BURIAL CREMATION, 248. DATE (24C, NAME of CEMETERY of CREMATORY)  240. LOCATION (City, tawn, or county) (State)			1200 AUTORYZ (Ye. or No) 208 IE VES WERE FINDINGS CONSIDERED
21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED While At Not While (APPROX.)  22. I certify that (I) (this hospitol) attended the deceased from At Work  22. I certify that (I) (this hospitol) attended the deceased from At Work  23. SIGNATURA  23. SIGNATURA  23. SIGNATURA  23. SIGNATURA  23. SIGNATURA  23. SIGNATURA  23. DATE SIGNED  Attending Med. Director Phys.  24. NAME (Type)  Richard David Shuger  M.D. Attending Med. Director Phys.  24. DATE SIGNED  24. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town, or county) (Stote)		WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Work At Wo		U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or about 21 C. WHERE DID (If in Baltimore City, give exact lacation) ice bldg., INJURY OCCUR?
OF INJURY (APPROX.)  While At Work  22. I certify that (I) (this hospital) attended the deceased from October 8 19 6 to November 19 66, that (I) (we) lost saw the deceased alive an November 19 66, and that (I) (we) lost saw the deceased alive an November 19 66, and that in (my) (sur) pinion death accurred on the date and hour and from the causes stated above. (I) We) (did) (did not) view the body after death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) Richard David Shuger  M.D. Med. Staff Director Phys. (23B. DATE SIGNED)  23D. ADDRESS NAME (Type) Richard David Shuger  M.D. Med. Director Phys. (City, town, or county) (State)		0	
22. I certify that (I) (this hospital) attended the deceased from October 8 1966 to November 1966, that (I) (we) last saw the deceased alive an November 23. 1966 and that in (my) (cur) pinion death accurred on the date and hour and from the causes stated above. (I) We) (did) (did not) view the body after death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) Richard David Shuger  M.D. Med. Staff Director Phys. 123B. DATE SIGNED  23D. ADDRESS NAME (Type) Richard David Shuger  M.D. Med. Director Phys. 123B. DATE SIGNED  23D. ADDRESS NAME (Type) Richard David Shuger  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town, or county) (State)		While At Not While	
that (1) (we) last saw the deceased alive an		Wark L AT Work	Ditoher 8 1066 . November 13 66
and haur and from the causes stated above. (1) We) (did) (did not) view the body after death.  23A. SIGNATURA  23A. SIGNATURA  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  Richard David Shuger  M.D. Med. Staff Phys. A  23D. ADDRESS  NAME (Type)  Richard David Shuger  M.D. Med. Director Phys. A  23D. ADDRESS  NAME (Type)  Richard David Shuger  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town, or county) (State)		that (I) (Ne) last saw the deceosed alive an NOV 23,	19 6 and that in (my) (our pinion death accurred on the date
23C. PHYSICIAN'S NAME (Type)  Richard David Shuger  M.D. Attending Med. Director Phys. 11/23/66  23D. ADDRESS NAME (Type)  Phys. 22D. ADDRESS NAME (Type)  24D. LOCATION (City, town, or county) (Stote)			
23C. PHYSICIAN'S NAME (Type) Richard David Shuger  23D. ADDRESS  M.D.  Phys. Director Phys. 24  23D. ADDRESS  M.D.  24D. LOCATION (City, town, or county) (Stote)			
NAME (Type) Richard David Shuger  M.D.  Mercy Long. Color  (Stote)  Pare Location (City, town, or county)  (Stote)		Whate I shuge Phys	Director Phys. Phys. 2
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)		NAME (Type)	mercy Har n. cto
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREE	MATORY 24D. LOCATION (City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS		Burial 11/25/66 Mikro Kodesh Beth	

RE

Farley MA

Sol Levinson & Bros. Inc., 6010 Reisterstown



VS 150-REV. 1/1/65

1.	BALTIMORE CITY	HEALTH DEPARTMENT		00 44040
BIRTH NO. 66 11842	CERTIFICA	TE OF DEATH	Registered No	66 11842
M.E. CASE NO.		2. DATE	AND HOUR OF DEAT	Н
(Type or Print) Esther D. HACKEN	MAN	1	1/23/66	6:50 A
3. PLACE OF DEATH IN BALTIMORE, MARYLA			nere deceased lived. If	institution: residence before odmissio
FULL NAME OF (If not in hospital or in: HOSPITAL OR oddiess or location)	stitution, give street	Maryland	outside city fimits, write	RUFAL and give township)
33		Baltimore D. STREET ADDRESS	If rurol, give location)	15-11
The Johns Hopkins Ho	ospital		ithan Road	1
SEX 6. RACE 7. A	AARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours: Min.
	idowed	MEANING EST.	73	
OA, USUAL OCCUPATION (Give kind of work 10 B, one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Russia		USA
3. FATHERS NAME ZALMAN EDLOWI		14. MOTHER'S MAIDEN N	AME	
Distriction of the second second		Edith		
was Deceased Even in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of	service) SECULAL NO.	17. INFORMANT		ADDRESS
No	HINKFOWN	Mr. Benjamir	Hackerman.	3415 Milford Mill
18.) 954XI	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECT	TO THE TO	4.7		ONZEL WAD DEVIN
LEADING TO DEATH  (This does not mean the mode of dying)	BUE TO	ahe coma		1 day
heart foilure, osthenia, etc. It means the	013 636, 61			
injury ar complication which coused lea		atitie - head	20 to 10.	with 23 drus
ANTECEDENT CAUSES	S S S DUE TO	version france.		M. S. Reks L.
DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) state			_	
UNDERLYING CONDITION lost.	ing the S			
П				
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED	RIBUTING			
DISEASE OR CONDITION CAUSING IT.	A. P.			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH SPERATION		IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	NØ	(If in Rolling	ore City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If In politing	ole City, give exoct location)
U				
OF INJURY	While At Not While	21F. HOW DID IF	NJURY OCCUR?	
(APPROX.)	Work At Work			
22. I certify that (I) (this hospital) at		Oct 30	1966 to	Nov 23 1966
that (I) (with lost saw the deceased of	ive on Nov 23	19 46 ond	that in (my) (our) o	pinion death occurred on the d
and hour and from the couses stated a				
23A. SIGNATURE				23B. DATE SIGNED
M M Sundly	M.D. Atte	ending Med. Director	Stoff Phys.	11/23
23C. PHYSICIAN'S		23D. ADDRESS	. 117 0	11/20
M. M. Buckley	M.D.	1670 7	M. Flolen	50
4A. BURIAL CREMATION, 24B. DATE	24C, NAME of CEMETERY of CRE	MATORY 24D	LOCATION I	City, town, or county) (State)
REMOVAL (Specify)			- 444	
Bunial 11/24/66 SA, DATE REC'D BY HEALTH DEPT. 258.	Baltimore Hebre	W SEC SUNITED IN	Baltimore,	Maryland
NOV 2.8 1966 17	Dr. B. E. Faller M.	SOP LOWINSO		ac., 6010 Reisters
THE A DO LOOP (IN)	July 1	DUL LEVATION.	I D D'LUG 1	THE POPULATIONS

10/30 0/ War

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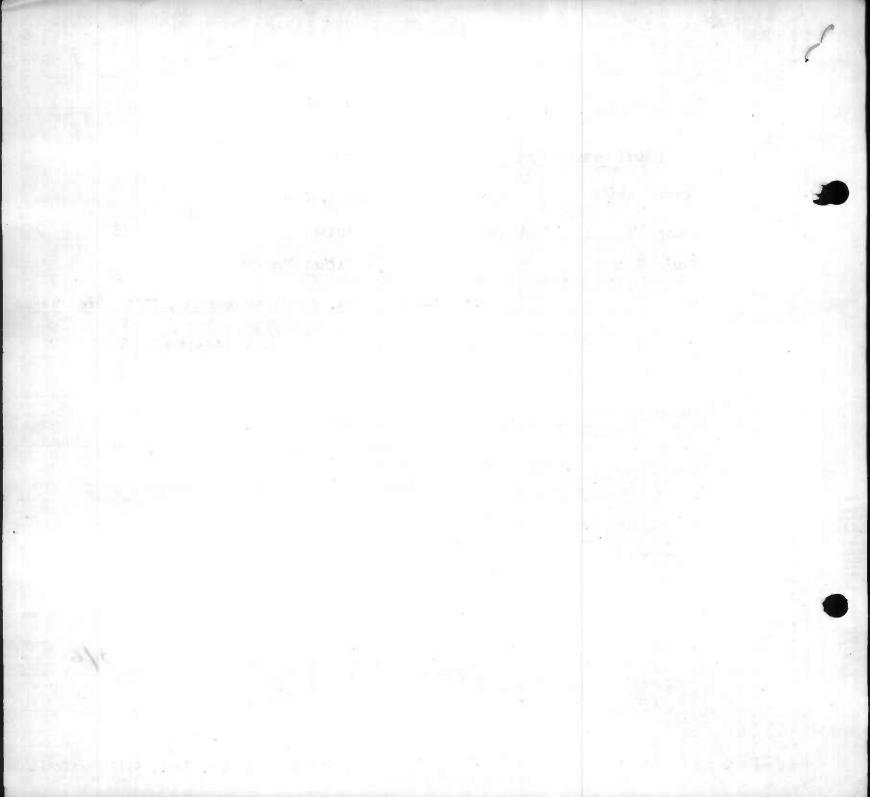
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BALTIMORE	CITY	HEALTH	DEPARTA	MEN
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	BALTIMORE	CITY HEALTH DEPARTMENT		00
мин но. 66 1184:	CERTIFIC	CATE OF DEATH	Registered Na	55 11843
M.E. CASE NO.	OEKTI TO		D HOUR OF DEATH	
Type or Print)	44 0			1 1 1
CLATA  3. PLACE OF DEATH IN BALTIMORE, M	Kaplan	Noven	1ber 23, 1966	fitution: residence before admission)
3. PLACE OF DEATH IN BALTIMORE, M	ARTLAND	A. STATE B. COUN	TY	inution; residence before damission)
FULL NAME OF (If not in hospito	ol or institution, give street	Maryland (If out		
HOSPITAL OR oddress or locoti	on)	C. CITY OR TOWN (If out	side city limits, write Rt	RAL one give tow (ship)
0 0		Baltinore	4	2/16
90		D. STREET ADDRESS	rurol, give location)	
Pall Mall Nursing	Home	4725 Beaufort	t Avenue	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED		9. AGE (In years	If Under 1 Ys. If Under 24 Hrs. Months: Doys Hours Min.
Female White	Widowed (specify)		lost birthdoy)	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of wo		STRY 11. BIRTHPLACE (State or forei	gn Country)	12, CITIZEN OF
done during most of working life, even if retired				WHAT COUNTRY?
Housewife	At Home	Russia		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
David Oberman		Esther Shapi	iro	
15. Was Deceased Ever in U. S. Armed F	orces? 16. SOCIAL	17. INFORMANT		ADDRESS
		Mus Coulis S	Californibana	2706 Achlan Anama
No III	213-05-493	SE OF DEATH	schossberg,	2706 Oakley Avenue
0260 X	43	, , , , , , , , , , , , , , , , , , , ,	X	ONSET AND DEATH
DISEASE OR CONDITION D	HECTLY	emplestes to	and Disease	5 years
(This does not mean the mode	ol dving, e.g., DUE TO	/ /		
heort loilure, osthenio, etc. It meor	ns the disease,	21 / 100-	-1	H, LADA
injury or complication which couse	ad deom.)	encolerate for	lus	19 000
ANTECEDENT CAUSI	DUE TO			
DISEASES OR CONDITIONS, if				
rise to the obove couse (A UNDERLYING CONDITION tost.	A) sloling the (C)	**************************************		
	CONTRIBUTING			
TO THE DEATH BUT NOT RE				
19A. DATE OF OPERATION 19B. CO	INDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED
E O WAS PI	ERFORMED		IN CERTIFYING CAU	SES OF DEATH?
	21 B. PLACE OF INJURY	e.g., in or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	nome, form, foctory, street	et, office bldg., INJURY OCCUR?		
U	orl (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJ	HBY OCCUP?	
S OF INJURY		While	ORT OCCOR:	
(APPROX)		Work		
22. I certify that (1) (this hospit	ed) attended the deceased from_	May 24	196/ 10 Mar	J 23 1966.
that (I) (we) last saw the decea	sed alive an Nov 2	3 6 66 and th	at in (my) (our) apin	Ian death accurred an the date
	toted abave. (1) (We) (did) (did n			
23A. SIGNATURE	P	DIJ VIEW THE BODY GITEL GEGIN.		23B. DAYE SIGNED
	7 . A . M.D.	Attending Med.	Stoff	11/23/66
1 Laruer	Levin	Phys. Director	Phys.	
23C. PHYSICIAN'S NAME (Type)	1 - 11	23D. ADDRESS	t. A. K	12. of 11.
MANUEL	LEVIN "	M.D. 48/3 Melse	erstour!	e hand /rd
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY o	CREMATORY 24D. L	OCATION (City	y, town, or county) (Stotel
Burial 11/24	166 Ohel Yakov		Baltimore.	Manuland
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
31011 0 0 100	CARRET TO			
MUV 2 8 196	DO USAN DE MONTE	SOL Levenson	a DAUS. INC	., 6010 Reisterston

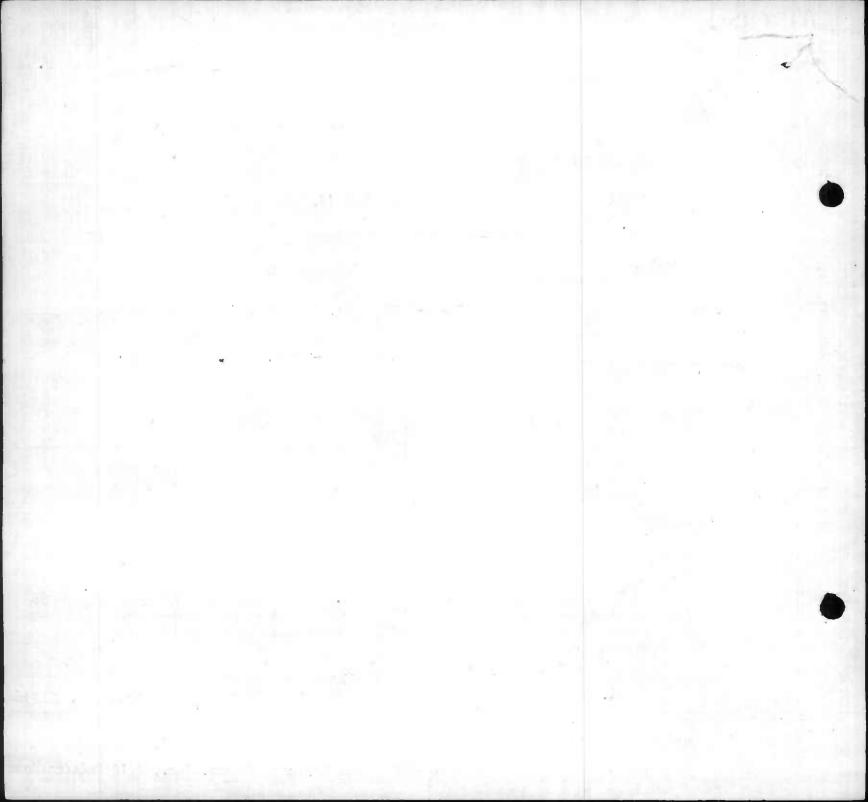
NOV 28 1966

VS 150-REV. 1/1/65



Such

	BALTIMORE CIT	Y HEALTH DEPARTMENT	00 11011
икти но. 66 11844	CERTIFICA	TE OF DEATH Regis	66 11844
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  Henry MA:	Y	2, DATE AND HOUR 11/22/66	
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)		4. USUAL RESIDENCE (Where decease A. STATE B. COUNTY MATYLAND	d lived. If institution: residence before admission)  Ballo  (mits, write RURAL and give township)
36 Franklin Square Hos	enital	11 2 2 2 2	Baltimore 6
5. SEX   6. RACE   7. M.	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)  Married	B. DATE OF BIRTH 9. AGE (In lost birthde	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, K dane during mast of working lite, even if retired)	ind of business or industri Self-Employed	Tuly 14 1906 60  TI. BIRTHPLACE (Stote or foreign country)  GOTMANY  14. MOTHERS MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
Julius May		Johanna Herz	
5. Was Deceased Ever in U. S. Armed Farces? Yes, no ar unknown) (If yes, give wor or dates of s		17. INFORMANT	ADDRESS  Algoriah Road
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying heart foilure, osthenia, etc. It meens the d	Arte	Mrs. Irma May, 880 DF DEATH Prioscl. & hyperter cardio-vasc. dis,	ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoling underlying condition tost.  OTHER SIGNIFICANT CONDITIONS CONTR. TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING		
	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF IN CER	YES, WERE FINDINGS CONSIDERED THE
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)	in ar about 21 C. WHERE DID (I affice bldg., INJURY OCCUR?	f in Baltimare City, give exact location)
21D. TME (Month) (Day) (Year) (Hat OF INJURY (APPROX.)	While At At Wark	21F. HOW DID INJURY OCC	UR?
22. I certify that (!) (this hospital) atte that (!) (we) last saw the deceased all and haur and from the causes stated at	va an 7/22/		ta7/.22/
	erger M.D. A	tending Med. Staff Phys.	23B. DATE SIGNED 11/22/66
23C. PHYSICIAM'S NAME (Type)  R. Weinberg 24A. BURIAL CREMATION,  24B. DATE	14110		Baltimore, Md. 2121
Burial 11/23/66 25A. Date REC'D BY HEALTH DEPT.   25B. 1	Chevra Ahavas C		(City, town, or county) (State)
VS 150-REV. 1/ NOV 28 1966 R.	Jub E. Farbuma		s. Inc., 6010 Reisterston



		BALTIMORE CITY	HEALTH DEPARTMENT		
	ыктн но. 66 11845	CERTIFICA	TE OF DEATH	Registered No.	66 11845
	M.E. CASE NO.		2. DATE AND	D HOUR OF DEATH	
	Type or Print)	- 1/	May	24 /01	1 12:10
	B. PLACE OF DEATH IN BALTIMORE, MARYLAND	<i>e v</i> .	4. USUAL RESIDENCE (Where A. STATE B. COUNT		rution: residence before odmission)
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	C. CITY OR TOWN (If outs	side city limits, write RUI	RAL and give township)
4	THE CLAVOR MEMORIAL 1		BALTIMORE  D. STREET ADDRESS (If no	urol, give location)	5-03
	33RD AND CALVERT ST.	. BALTIMORE, MD	1	1 AVENUE	
	5. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED OWED, JOIVORCED (specify)	B. DATE OF BIRTH 9	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Aonths: Doys Hours: Min.
1		WARREN DE	13/21/01	96	
	IOA. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stofe or foreig	an country)	12. CITIZEN OF
Ш	done during most of working life, even if retired)		Exadorials	Ma	WHAT COUNTRY?
	NOVE-		Frederick,  14. MOTHER'S MAIDEN NAM		
	SOLWINER 2 MAIME		14. MOINER 3 MAIDEN NAM	16	
	THOMAS GOODMAN		CATHERINE 1	HOFFMAN	
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (It yes, give war or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Ì		220-44-5009	Lillian House	e, dght. at	oove
l	18. 4 2 2 /	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
H	LEADING TO DEATH	(A) C	VA		NOV. 3, 66 TO
I	(This daes nat meon the made of dying, heart failure, osthenia, etc. It means the disc		X.ad.af.		NOW - 24 60
I	injury or complication which coused death.)				Nov-24'60
I	ANTECEDENT CAUSES	(B) ARTE	PRIOSCLEROTIC CARDIL	DUASCULAL	SEVERAL YEARS
l	DISEASES OR CONDITIONS, if any, gi	ivina	PRIO SCLEROTIC CARDIO DIEEASZ		
I	rise to the obove cause (A) sloting				
H	UNDERLYING CONDITION lost.				
	, II				
	O THE DEATH BUT NOT RELATED TO	JTING THE			
	DISEASE OR CONDITION CAUSING IT.		[20 A ALIZOBOVA (V Ala)	20B IE NEC WERE EIN	IDINICA CONCIDEND
ľ	19A. DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	ES OF DEATH?
l	U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	// O	(If in Boltimon (	City, give exact location)
	_, OR CONTRIBUTING _ CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	tii tii boliimore v	sity, give exact loconon,
	DEATH (notify medical examiner)	etc.)			
	OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
	(APPROX)	While At Not While At Work			
	22			6// 40 1/2.1	24 1966
1	22. I certify that (I) (this haspital) attend				
	that (I) (we) lost saw the deceased alive	on 100 24		it in(my) (our) opini	an deoth occurred on the date
	and hour and from the causes stated above	re. (1) (We) (did) (did not)	view the body ofter death.		
-	23A. SIGNATURE			2	3B, DATE SIGNED
1	1mer	M.D. Atte		Stoff Phys.	
1	23C. PHYSICIAN		23D. ADDRESS		
	NAME (Type) F. MARKOE DE	JGAN M.D.	UNLON M	EMORIAL HO	SPITAL
	24A. BURIAL CREMATION, 24B. DATE 24	DUGAN	FMATORY CIRCLE	CATION CCITY,	town, or county) (State)
	REMOVAL (Specify)	4C. NAME of CEMETERY OF CR			
	Rurial   11/28/66	Mt Olivet Co	metery	Frederick	Md

258. NAME OF REGISTRAR

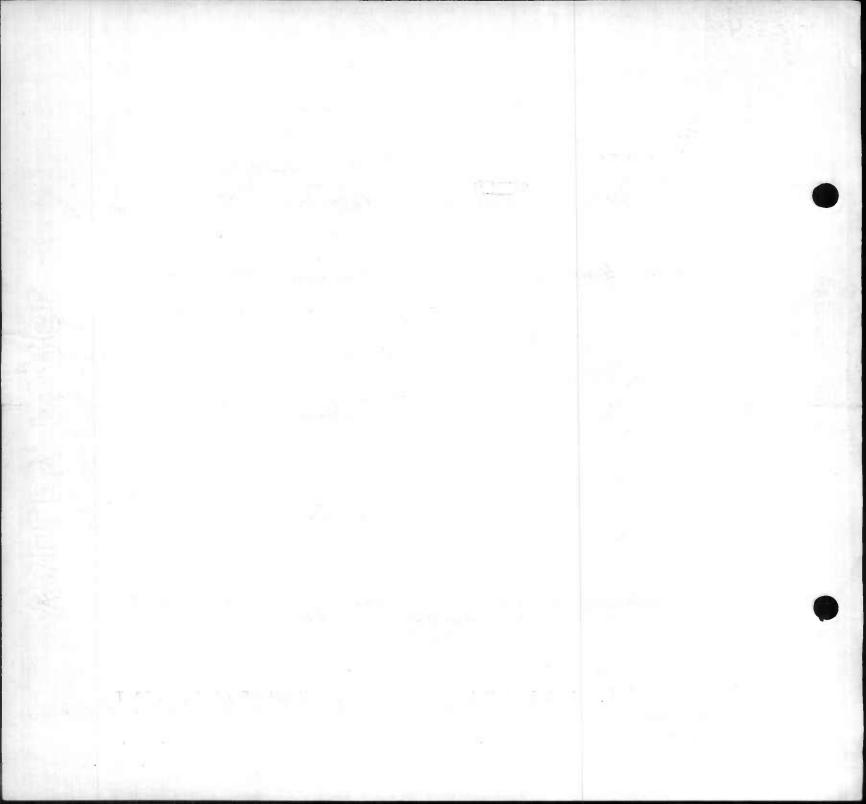
25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

1966

Home, Inc.

25C. FUNERAL DIRECTOR Schimunek Funeral 3331 Brehms Lane



VS 150-REV. 1/1/65

Such

		BALTIMORE CIT	Y HEALTH DEPARTMENT	\	66 11846
	н но. 66 11846	CERTIFICA	ATE OF DEATH	Registered Na.	00 11046
1. N	AME OF DECEASED	1	2. DATE	AND HOUR OF DEATH	
	EAKIN, Rol	of Hy Di		11-24-66	5:45AM
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (W. A. STATE B. CO		institution: residence before odmission)
	ULL NAME OF (If not in hospital or institution)	ution, give street	Vaginia	-	
	NSTITUTION				RURAL ond give township)
5	3-1 11 1	\ /	NEW CASTLI	(If surol, give location)	V - 4 5
2	JOHN HOUSKING	Hora	Day 275		
5. S		RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	m L	OWED, DIVORCED (specify)	3-30-53	lost birthdoy)	Months: Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B. KIN	NO OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
done	e during most of working lite, even if retired)	bookboy	11 in min	iol	USA
13.	FATHER'S NAME	T.	14. MOTHER'S MAIDEN N	IAME	
	JOHN H. EAKAN	V	CHARLEN	<b>Шимпрес</b>	
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	HAMBR#6	ADDRESS
(Yes	(If yes, give wor or dotes of ser	SECURITY NO.	FATHER		ABOVE
	18.	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			/	ONSET AND DEATH
	LEADING TO DEATH	(A)	Tetrellinger	f Follet	134,01
	(This does nat meon the mode of dying,   heort failure, asthenio, etc. It meons the dis	sease,	, , , ,		, /
	injury or complication which caused death,)	470			
	ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stating				
	UNDERLYING CONDITION last.				
z	OTHER SIGNIFICANT CONDITIONS CONTRIL	HTING			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.	O THE			
	19A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	2 7/7/8/6 WAS PERFORMED		NES	IN CERTIFYING C.	AUSES OF DEATH?
U	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	2 B. PLACE OF INJURY (e.g.,	in or obout 21 . WHERE DID office bldg., INJURY OCCUR	(If in Boltimo	re City, give exact location)
1.3	DEATH (notify medical examiner)	etc.)			
MEDI	21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID	NJURY OCCUR?	
>	(APPROX.)	While At Not Wh			
	22. I certify that (I) (this haspital) atten	ded the deceased from	11-17-66	19ta	11-24-66 19
	that (I) (we) lost saw the deceased alive	e on 11124/	1966ond		pinion death accurred on the date
	and haur and from the causes stoted oba	ive. (1) (We) (did) (did nat)			
	23A. SIGNATURE				23B, DATE SIGNED
	Pland R.	M.D. A	ttending Med. Director	Stoff Phys.	1//24
	23C. PHYSICIAN'S NAME (Type)	7	23 D. ADDRESS		10
		M.D	THE JOHNS	Hopkine L	OCP TAL
244	ROBERT F. BRYAN BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C	REMATORY 24D	LOCATION	City, lown, or county) (State)
R	emoval 1/124/66	Main W	illon 4	Um Wil	Time Va.
25A	DATE REC'D BY HEALTH DEPT OF 258 N	AME OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
(1	THE OUGH OR YOUR	17. 17 > AT / 1. 1/2. 68.1	-7 1/2	TIM	1 1.1

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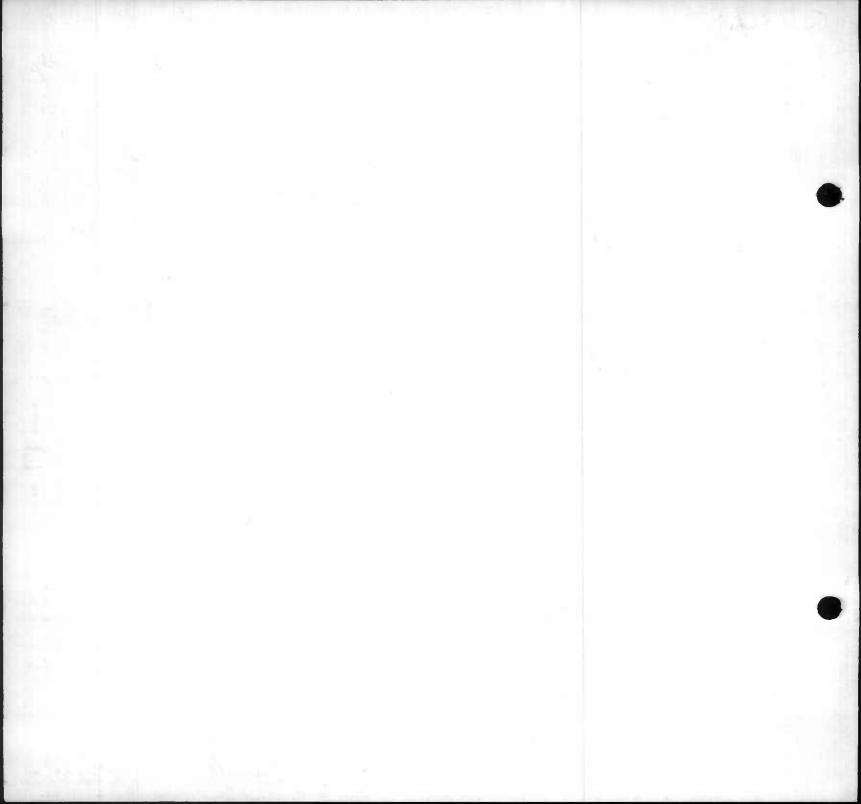
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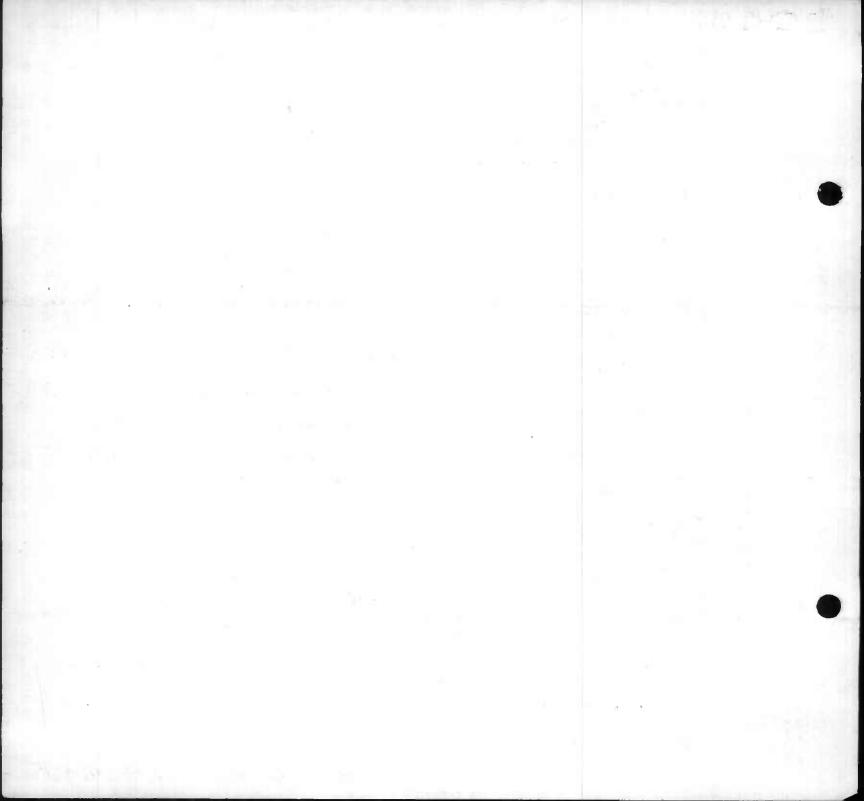
VS 150-REV. 1/1/65

		BALTIMORE CITY	HEALTH DEPARTMENT	66 11847
	H NO. 66 11847	CERTIFICA	TE OF DEATH Registered No.	
1, N	AME OF DECEASED	glenoi	2. DATE AND HOUR OF DEATH	12 66 3:05pm
3. P	LACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before odny ssion
1	FULL NAME OF (If not in hospital or institution)  NSTITUTION	tution, give street	C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
(,)	35 Church House	& Koop.	D. STREET ADDRESS III rurol, give locotion)	52-00 P.S.
5. S		DOWED DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min,
done	USUAL OCCUPATION (Give kind of work 108, Ki e during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Musuylend	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME Thousan, We	ellen	14. MOTHER'S MAIDEN NAME Benton Ener	ulie
15. \	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(res	s,no or unknown) (If yes, give wor or dotes of se	SECURITY NO.	Daugutin	same
	18.420,01	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	1.	eluconony Elecca	1
	(This does not meon the made of dying heart failure, asthenia, etc. It means the dinjury as complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any,		n. Congestive Gent de	Failire 11 yes
	uise to the above cause (A) statin	g lhe (C) Cul	eiosoleube Heart &	aser
NOIT	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
RTIFICA		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED :AUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID (If in Bottim ffice bidg., INJURY OCCUR?	ore City, give exact location)
MEDIC	21 D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.)	while AI Not While Work At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (I) (this haspital) atte			11-72 1966
	that (I) (we) lost sow the deceased alin	ve on 11-72	19 <u>6</u> ond that in(my) (our) o	pinion deoth occurred on the do
	ond hour ond from the couses stoted ob	ove, (I) (We) (did) (did not)	view the body ofter deoth.	23 B. DATE SIGNED
	Thee	M.D. Alli	ending Med. Stoff Phys.	11-22-66
	23C. PHYSICIAN'S NAME (Type)		230. ADDRESS Church Home of	Korp.
24A	A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
	Burial /26/66	Llen Have	Balto	mud
25A	. DATE RENOV 128 1956 (255)	TAME OF RECUSTRAT	25G. FUNERAL DIRECTOR	ADDRESS



4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) (If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USH 4940 Eastelf Baltimore, Md as above #2122 INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that in(my)) (aur) apinian death accurred an the date 23 B. DATE SIGNED Baltimore, Md. #24 (City, town, or county) eceased 25B NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS VS 150-REV. 1/1/65-

BALTIMORE CITY HEALTH DEPARTMENT



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.C.A. at a hospital (except where the physician who prohounced again was in regular arrendance on the deceased prior to death. Such deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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1	00 11010	BALTIMORE CITY	HEALTH DEPARTMENT	\ /	66 11849
BLAT	н но. 66 11849	CERTIFICA	TE OF DEATH	Registered No.	00 11049
	. CASE NO. AME OF DECEASED		2. DATE ANI	D HOUR OF DEATH	
	e or Print)	1	NOV	2.3 /9/	66 1 130 Pm
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	t .	4. USUAL RESIDENCE (Where	deceased lived. If in	66 1.30 Pm. stitution: residence before admission)
			A. STATE B. COUNT		2 14 11
	ULL NAME OF (If not in hospital or institut IOSPITAL OR oddress or location)	ion, give street	MD 1	SALTO	RURAL ond give township)
	NSTITUTION		C. CITT OK TOWN (III ours	side city limits, write s	CURAL and give township)
-	3.5		D. STREET ADDRESS (If it	utal give location)	3-00
_	CHURCH Hams				RA
5, 5	CHURCH HOME  EX 6. RACE 7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH  B. DATE OF BIRTH  BIRTHPLACE (Stote or foreign	AGE (In vents	It Under 1 Yr. It Under 24 Hrs. Months Doys Hours Min.
	WIDO	WED, DIVORCED (specify)	200 25 10011	ast birthday	Months Doys Hours Min.
.03	USUAL OCCUPATION (Give kind of work 10B, KINI	ARRIED	11 PIPTIN 23 1884	0 <	12. CITIZEN OF
don	during most of working life, even if refired)	D OL BOSHAESS ON HADOSINI	11. BIRTHPEACE (Stole of totals	in connina)	WHAT COUNTRY?
0	EMENT FIN		1 TALY		USA
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAM	A E	
				2	
15.1	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes	,no or unknown) (It yes, give wor or dotes of servi	SECURITY NO.	The state of the s		
	NK		WIFE		ABOUE
	18. 2/20,01	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				
	LEADING TO DEATH	IAICON	GESTIVE HEAR	CT FAILUR	VE I MONTH
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO	2012	16710	I MONTH 12 YEARS
	injury or complication which coused death.)	ARTE	KIO. SCHEROI	16 AEAR	-1 12 VEARS
	ANTECEDENT CAUSES	(B) DUE TO	36/476		12 45/1-
	DISEASES OR CONDITIONS, if any, gi	ving			
	uise to the obove cause (A) stating UNDERLYING CONDITION lost.	the (C)	***************************************		
	ONDERENNO CONDITION TOST.				
z	OTHER SIGNIFICANT CONDITIONS CONTRIBL	TING			
ATIO	TO THE DEATH BUT NOT RELATED TO	THE			
	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE I	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED		5V0	IN CERTIFYING CA	USES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(It in Boltimore	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	mice bldg., TNJURT OCCUR?		
DIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	IRV OCCIIP?	
ME	OF INJURY			JAT OCCOA.	
	(APPROX.)	While At Not While Work At Work			
	22. I certify that (I) (this hospital) attend	ed the deceosed from	N 14, 1952 1	9 to NO	V. 27 1966.
	that (I) (we) last sow the deceased olive	on NOV. 21	19 6 6 ond the	ot in(my) (our) opi	nion death occurred on the date
	ond hour and from the couses stated above				
	23A. SIGNATURE	e. (1) ("e) (ala) (ala ilai) v	tew the body offer deoffi.		23B. DATE SIGNED
	Hosenh M	M.D. Atte	ending Med.	Stoff	11/25/66
	// / / / /			Phy s.	1112766
	23C. PHYSICIAN'S NAME (Type) JOSEPH MICH		108 S, TAYL	OR AVE	ESSEX, MD 2121
244	BURIAL CREMATION, 248, DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (Ci	ty, town, or county) (State)
	REMOVAL (Specify)	0411 14.		BALTA	MO
25.4	BURIAK 1/26/66	DAK LAWN	25C. FUNERAL DIRECTOR	UMLIO.	ADDRESS
23P	TOO OCCE OF ASSOCIATION	ME O REGISTRATION M. P	25C. FUNERAL DIRECTOR	N112 6	MO ADDRESS 3 300 MACE
	4 []		J.b. Conn	ELLY JOH	3 SOO MACE
VS	150-REV. 1/1/65		, 2		

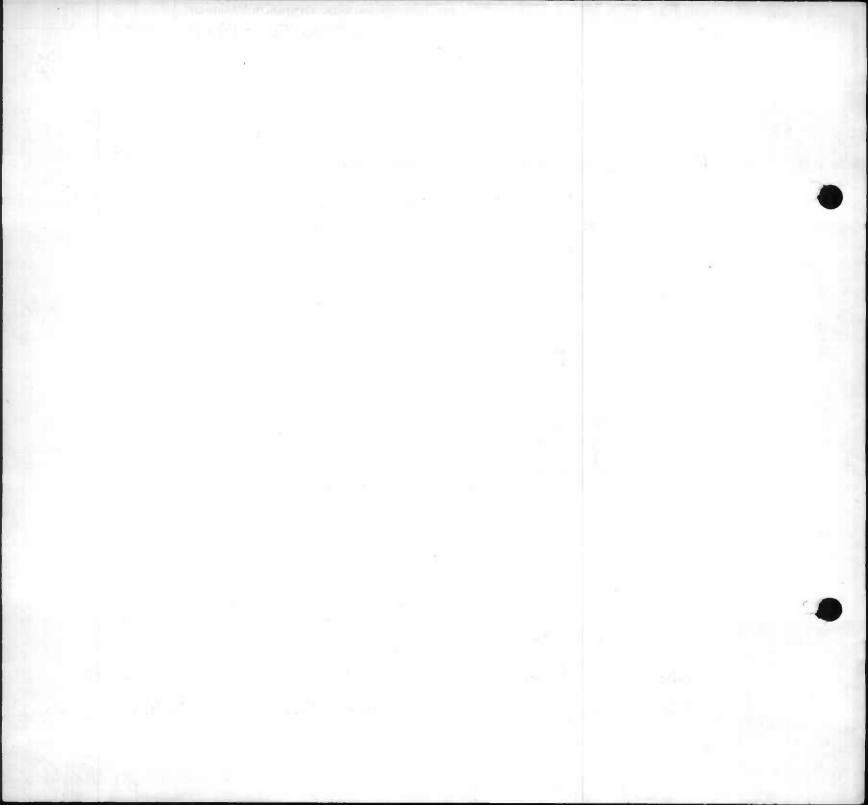
Marie and American Street

66	118	350	
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## BALTIMORE CITY HEALTH DEPARTMENT

THE COURT OF THE PARTY OF				
RTIFICATE OF	DEATH	Registered Na	<del> 66</del> -	1185t

иктично. 66 III89U	CERTIFICA	TE OF DEATH	Registered Na	-66 - 11850
A.E. CASE NO.  NAME OF DECEASED  Type or Print)	4,66	2. DATE AN	D HOUR OF DEATH	1 2 25
. PLACE OF DEATH IN BALTIMORE, MARYLAND	41	4. USUAL RESIDENCE (When	e deceosed lived. If in	stitution: residence before admissio
FULL NAME OF (If not in hospital or institution)  HOSPITAL OR oddress or location)	on, give*street	C. CITY OR TOWN (If out	side city limits, write R	RUKAL ond give township)
70	ST .	Baltino D. STREET ADDRESS (III	rurol, give logonion)	8
Box-Wil Ba Conv	alescenthone	1438	n. Bon	d 57
SEX 6. RACE 7. MARR WIDO	WED, DIVORCED (specify)	3 -	9. AGE (In years lost birthday)	If Under 1 Yi. If Under 24 H Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10 B. KIND	OF BUSINESS OR INDUSTRY	3-25-03		12. CITIZEN OF WHAT COUNTRY?
Howevife 3. PATHERS NAME		14. MOTHER'S MAIDEN NAM	A E	
11 lators conta		the - 1 th		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of servi	16. SOCIAL SECURITY NO.	17 INFORMANT	F. C. Service	ADDRESS
No.	2411076	James Hu	Teh 143	
DISEASE OR CONDITION DIRECTLY	CAUSE	F DEATH		ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying,	e.g., QUE TO	vertensive C.V	<i>D</i> .	
hearl failure, asthenia, etc. It means the diserinjury or complication which coused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, giverise to the obove couse (A) sloting				
UNDERLYING CONDITION Iosi.	(0)	***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBU				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	Multiple	decubiti		
19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not Whi	le —		
22. I certify that (I) (this hospital) attended	ed the deceased fram 10	-14-	1966 to 11-2	3- 1966
that (I) (we) last saw the deceased alive				nian death accurred an the d
and haur and fram the causes stated abay	e. (I) (We) (did) (did_net)	view the bady after death.		
23A. SIGNATURE	M.D. At	ending Med.	Stoff	23 B. DATE SIGNED
23C. PHYSICIAN'S	Ph	23D. ADDRESS	Phys.	11-23-66
NAME (Type)	M.D.	Lieu North	tu Z.	H and Ald
	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (Ci	ty, town, or county) (Stote
Burial MN25/66	mt Celo	ares(om) /	a ( 1	unter mi
SA. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	287. FUNERAL DIRECTOR	01.0	ADDRESS
70 d 2200 2 0 1000	R. C. Fallson	peder 1, C	alecke	ox 1/2971. Can
S 150-REV. 1/1/65 V A 0 1000	,			6



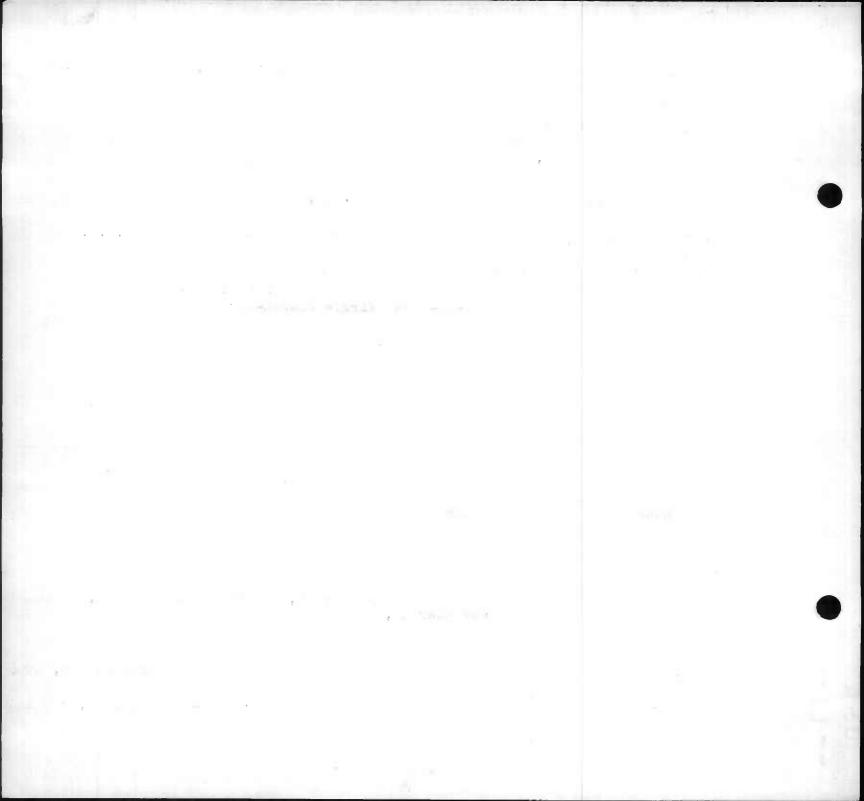
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death chows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	00 11051	BALTIMORE CIT	Y HEALTH DEPARTMENT		(7/) 4		
	IRTH NO. 66 11851	CERTIFICA	ATE OF DEATH	Registered No.	66 11851		
	A.E. CASE NO. NAME OF DECEASED			D HOUR OF DEATH			
(	Type or Print) WALTER HUNTLEY	/	11/25	-/6 c	19:15 AM		
100	PLACE OF DEATH IN BALTIMORE, MARYLAND			e deceased lived. If in	stitution: residence before admission)		
	FULL NAME OF (If not in hospital or institute address or location) INSTITUTION	ian, give street	2047 Kenned	dy Ave.	RURAL and give township)		
	33		Baltimore		9-08		
	The Johns Hopkins Ho	spital	D. STREET ADDRESS (If rurol, give location)  Maryland				
100	SEX 6. RACE 7. MAR	RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.				
	VV) /(/	nale	10/25/15	lost birthday) 51	Traditis Days Trous Train,		
	OA. USUAL OCCUPATION (Give kind of work 10 B. KIN one during host of working life, even if retired)	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State at farei	gn country)	12. CITIZEN OF WHAT COUNTRY?		
	Laharer		Morren,	1 Juntin	al l		
	3. PATHERS NAME		14. MOTHERS MAIDEN NAM	NE .			
	unknown		Tree A	unlley			
	5. Was Deceased Ever in U. S. Armed Farces? Tes, no or unknawn) (If yes, give war or doles of serv	SECURITY NO.	Bettle In	in	ADDRESS		
-	18. 0 3 3 . 1	CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1. U +		ONSET AND DEATH		
	(This does not mean the made of dying,	e.g., DUE TO	Indiac amest				
	heart failure, asthenia, etc. It means the disc injury or camplication which caused death.)	ease,	1110	6.			
	ANTECEDENT CAUSES	(B)S	huphylococcal p	summer.	<b>}</b>		
	DISEASES OR CONDITIONS, if any, gi		?		<b>'</b>		
	rise to the above cause (A) stating UNDERLYING CONDITION last.	The (C)	sepors		***************************************		
	_ 11		·				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS C						
	DISEASE OF CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED		
	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		CH S	IN CERTIFYING CA	USES OF DEATH?		
	21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	in or obout 21C. WARRE DID office bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct location)		
l	O 21D TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
	OF INJURY (APPROX.)	While At Work At Work					
١	22. I certify that (I) (this hospital) attend	led the deceased from	11/25	19 66 to	11/25 1966		
	that (I) (we) lost saw the deceased alive				nion deoth occurred an the date		
Ì	and haur and from the causes stated above	ve. (1) (We) (did)(did nat)					
1	23A. SIGNATURE				23 B. DATE SIGNED		
	Kenyth I Suntin	M.D. A	ttending Med. Director	Stoff Phys.	11/25/66		
l	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		1 100		
	Kennetot C. BRG	WAN M.D	JOHNS HOP	KINS HE	√		
	24A. BURIAL CREMATION, 24B. DATE 24R. REMOVAL (Specify)	C. NAME OF CEMETERY OF C	REMATORY 24D. LO	OCATION D (C)	y, town, or county! (Stote)		
	Burial 11/20/66	Dallo Mar	tem 5	501 trea	rick like		
	25A. DATE REC'D BY HEALTH DEPT. / 25B. NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	e 0-1	ADDRESS		
-	WALL 2 8 1966 A 0	F. E. Fallwas	Joule 12	( lickrov	~ 1127 11. Chilles ST		

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if deat ect or 4) Unde was in the de	positio
sistant the dir kind; ( death nce on	final dis
Nso, if of any ounced	ned ar
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f exam (3) A f an wh	ns are
f medica medica y burns, physici	e remai
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hospita nature; spt whe	ined be
apprave ta the af any ral (except); and	be abta
must be eleased cident hospit to deat	al must
ificate rewas re 1) An ac 1.A. at a	approve
This cert the bady shows: ( was D.O	written
	This certificate must be appraved by the chief medical examiner or his assistant if deat the bady was released to the hospital by a medical examiner. Also, if the direct or shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undewas D.O.A. at a hospital (except where the physician who pronounced death was ir deceased priar to death); and (6) No physician was in regular attendance on the de

T		Y HEALTH DEPARTMENT	00 14050
11	H NO. 66 11852 CERTIFICA	ATE OF DEATH Registered No.	66 11852
1.1	AME OF DECEASED	2. DATE AND HOUR OF DEATH	
CIY	Schofield Lawson LACE OF DEATH IN BALTIMORE, MARYLAND	November 26, 1966	3:15a M.
3.	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institut	ion; residence before admission)
	ULL NAME OF (If not in hospital or institution, give street		
	IOSPITAL OR address or location)	Maryland  c. CITY OR TOWN Ill outside city timits, write RURA	L and give township)
	Provident Hospital	Baltimore	In part of
	1514 Division Street	D. STREET ADDRESS (If rurol, give location)	
	Baltimore, Maryland 21217	3809 Grantley Road	
5.	EX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years to tost birthday) Mo	Under 1 Yr. If Under 24 Hrs.
107	USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTR		CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)		U.S.A.
13.	Laborer Laborer	North Carolina 14. MOTHERS MAIDEN NAME	0.0.8.
	Henry Lamana	Men a Smith	
14	Nas Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Ye	no or unknown (If yes, give war or dates of service) SECURITY NO.	Phone: 542-1484	+
	70, 216-10-6284	Virgie Lawson-wife	same
	33/1	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Central Demontage	,, 0
	(This does not mean the mode of dying, e.g., DUE TO	Christ Himorifage	
	heort foilure, osthenia, etc. It meons the diseose,		
	injury or complication which caused death.)  ANTECEDENT CAUSES  (B)		
	DUE TO	10 0	0000x
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C)		
	UNDERLYING CONDITION last.		AVA 4 8 8 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9
_			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	The for	5-R
CA	DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND	INGS CONSIDERED
ERTIFIC	WAS PERFORMED	IN CERTIFYING CAUSES	OF DEATH?
1 3	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,		y, give exact location)
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	
DIC	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ME	OF INJURY  IAPPROX.)  While At Not Wh	nile 🖳	
	Work At Wor	K 🗀	
	22. I certify that (I) (this hospital) attended the deceased fram		
	that (I) (we) last saw the deceased olive an November 26,	19ond that in(my) (aur) apinian	death accurred an the date
	and haur and fram the causes stated above. (1) (We) (did) (did nat)	view the bady after death.	
	23A, SIGNATURE		, DATE SIGNED
	Roland I Ament M.D. A	ttending Med. Stoff Phys. No.	ovember 26, 1966
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
	ROLAND T. SMOOT M.D	1514 Division Street-Baltin	more 17 Maryland
24	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C		own, or county) (Stote)
-5	Bulk's a nulsaly Oxhetin Sm.	ental motor	San A
25	DATE REC'D BY HEALTH DEPT.   258, NAME OF REGISTRAR	250. FUNERAL DIRECTOR	ADDRESS
	or and the second	2 3012 9 Fo Brakens 11.09	on Custinst
VS	150-REV. 1/101 28 1966 ( See 5 2)		



BALTIMORE CITY HEAL	LTH DEPARTMENT	6 11853
	ERTIFICATE OF DEATH Registered Na.	7 1 1 0 0 0
M.E. CASE NO.		
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD	
(Type or Print)  DANIEL RICE	November 24, 1966	9:40 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, Il institution: res	idence before odmission)
THE STATE OF THE STATE OF SECTION OF STATE	Maryland	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL	and give township)
INSTITUTION	Baltimore /C	-0/
1600 Blk. Harmon Ave	D. STREET ADDRESS (If rurol, give location)	
OO Railroad Property	410 E. Chase Street	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (in years   11 Under Months)  Months	er 1 Yr. If Under 24 Hrs. Doys   Hours   Min.
Male Negro	May 10. 1897 69	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	Y 11. BUTHPLACE (State or foreign country) 12. CITI	ZEN OF
done during age of working life, even if relired)	Calvert County mr.	AT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
· sympnowy	Tenhanon.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL	17. INFORMANT ADDRES	22
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	P	
10	flinds	
IB. CAUSE	E OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	iosclerotic cardiovascular	
(A)		•••••••••••
(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	disease	
Injury or compression which courses account		
ANTECEDENT CAUSES		***************************************
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO		
UNDERLYING CONDITION LAST.		
<u> </u>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		FIRST PROPERTY.
TO THE DEATH BUT NOT RELATED TO THE		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS	CONSIDERED
	Yes IN CERTIFYING CAUSES OF D	EATH?
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltimore City, give exact	location)
UTING CAUSE OF DEATH.	office bldg., INJURY OCCUR?	
	21F. HOW DID INJURY OCCUR?	
OF INJURY		
m. WORK LAT W	WHILE ORK	
22. I certify that I held an Inquiry Inspection Aut	and that an this basis, death In my apinio	an
resulted from: Natural causes X Accident Suicid		
ACTUAL O	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE ( Coules I ally M.D.	ASSISTANT MEDICAL EXAMINER	11-25-66
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	11 15 00
NAME (Type) Charles S. Petty, M.D.  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	or CREMATORY 23D. LOCATION (City, town, or	county) (State)
REMOVAL (Specify)	of CREMATOR!	± 1
Burial 1/129/66 Mr. (slav	us Cemeter all County.	ma.
24A. DATE REC'D BY HEALTH DEPT. / 24B, NAME OF REGISTRAR	24C. FUNERAL PIRECTOR	ADDRESS
A C C Tallying	mitter & 41 ham 1/2	an ( . P. 5
VC 151 BEV 18051 28 1965 (1 1965)	muojo o cerescen 112	9 M. Carling 5
VS 151-REV. 17 VS 1	9 1 0 0 %	V

Wildows May 10, 1897. October George mil. nestones Private The 74 (Wary Brute, all Chanty me) Water & Elwen 129 Mine

	11854		BALTIMORE CITY HEAL				66	11854
BIRTH NO. 6 /	-35400 MEDI	CAL EX	CAMINER'S CE	ERTIFICA	TE OF D	DEATH Regist	tered No	TALOU X
M.E. CASE NO.								
1. NAME OF DEC		TETTA 7	Mar TADITAN			HOUR PRONOUN		6 0 F D
100	101/2000	CELLA //	Mria PARHAM			mber 24, 1		6:25 P M.
3. PLACE IN BALT	TIMORE MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE	DEN CE (Where	deceased lived. If in B. CC	Stitution: reside	ence before odmission)
FULL NAME OF	OF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	C CITY OF TO	Mary 1	and corporate limits, wri	to PIIPAL on	d give township)
HOSPITAL OR	ADDRESS OR LOCA	TION)		C. CIII OK 10	ANIA (II ODISIDE	corporore minis, wi		a give lowinship)
Hon	kins Hospital		(DOV)	D. STREET ADD	Batti	more	10	-01
00	KINS HOSPICA		(DOA)	D. STREET ADD			. 4	1
5. SEX	6. RACE	7 MAARRIED	NEVER MARRIED	8. DATE OF BIRT		Ensor Stre		1 Yr, If Under 24 Hrs.
Female			DIVORCED (specify)	10 . 14	1011	lost birthdoys	Months :	Doys   Hours   Min.
	Negro	200 11112		KLEU10	1761	4	10.00	
	UPATION (Give kind of work working life, even if relired)	IUR KIND OF	BUSINESS OR INDUSTRY	II. BIRTHPLACE	(State or foreign	n country)	12. CITIZEI WHAT	N OF COUNTRY?
n	me			-/	na			
13. FATHER'S NAM	AE O			14. MOTHER'S N	AIDEN NAME			
Emm	Et Tark	ram	/	Tere	ke			
	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	1 ~	01	ADDRESS	/ /11
				7mm	18 T	arham	1216	Theor ST
18.	9/0		CAUSE	OF DEATH				INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	DECTI V						ONSET AND DEATH
	LEADING TO DEATH		(A) Asphyy	ia by pie	ece of h	road		
(This does heart failure	not mean the mode of , osthenio, etc. It means	dying, e.g., the disease,	DUE TO			*		
injury or co	mplication which caused	de oth.)						
1	ANTECEDENT CAUSES	S	(8)					
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO					
	NG CONDITION LAST.	IA III O III E	400					
N N			(C)					
OTHER SIG TO THE DISEASE O	NIFICANT CONDITIONS	CONTRIBUTU	NG					
O THE	DEATH BUT NOT RE	LATED TO T						
2 19A. DATE OF	R CONDITION CAUSING		WHICH OPERATION	20A. AUTOPS	(Yes or No)	208. IF YES, WERE	FINDINGS CO	ON SIDERED
8	WAS PER		THE STERATION	Yes		IN CERTIFYING CA	USES OF DEA	ATH?
ZIA, EXTERNA	L CAUSE WAS	218.	PLACE OF INJURY (e.g., i e, form, factory, street, o		WHERE DID	If in Boltimore City.	give exact loc	cotion)
UTING CAU	OR CONTRIB-	home etc.)	, form, foctory, street, o	ffice bldg., INJUR	Y OCCUR?		,	0 0 /
E 21 D TIME	114 AL 115 AP 1 AV		home		216 Ens	or Street		9-01
OF INJURY	(Month) (Doy) (Yeor				OW DID INJU	KI OCCOR:		
(APPROX.)	11-24-66 6	:15 Pm.	WORK AT W	ORK X	choked o	n piece of	bread	
22.	tify that I held an I	nguiry 🗌	InspectionAut	opsy X on	d that on thi	s bosis, deoth in	my opinion	
resu	Ited from: Notural co	uses A	Accident X Suicide	process of the same of the sam		Indetermined mon		
1	010	~ 7	7		EDICAL EX			
ACTUA	L ( VIII	. 1	A					DATE SIGNED
SIGNAT		00	M.D.	ASSISTANT N			Novembe	r 25, 1966
EXAMIN NAME (		es S. 8	pringate, M.D	ASSOCIATE !	MEDICAL EX	AMINER	110 V CIMBE	1 25, 1500
23A, BURIAL CRE REMOYAL (Specif		/ 23	C. NAME of CEMETERY o	CREMATORY	23 D. LO	CATION	ty, town, or co	ounty) (Stote)
Tours	10 MM 2	9/66	13118 M	III Can	53	501 Frod	will l	in.
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNE	AL DIRECTOR	of the day	Al	DDRESS
			4 90 0		ton & 2	1.6	11200	1 1. 51
	2201 0 0 10CC	00	8- 8 table MA	Mull	on w. Co	Lereda 1	12911	(destina)
VS 151-REV. 1/1/	SUV DO 1500	APPEN	16 - 6 - 4 - 17	7 1 1	1 7 1	)		

Albert, 1961 mil Buthe Emmit Parken 1 - 5 3 Turne This glas Bald that Com 5501 Fachar Eleve Mater & Election Hat M. Co.

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BALTIMORE CITY HEALTH DEPARTMENT

	66	11	855
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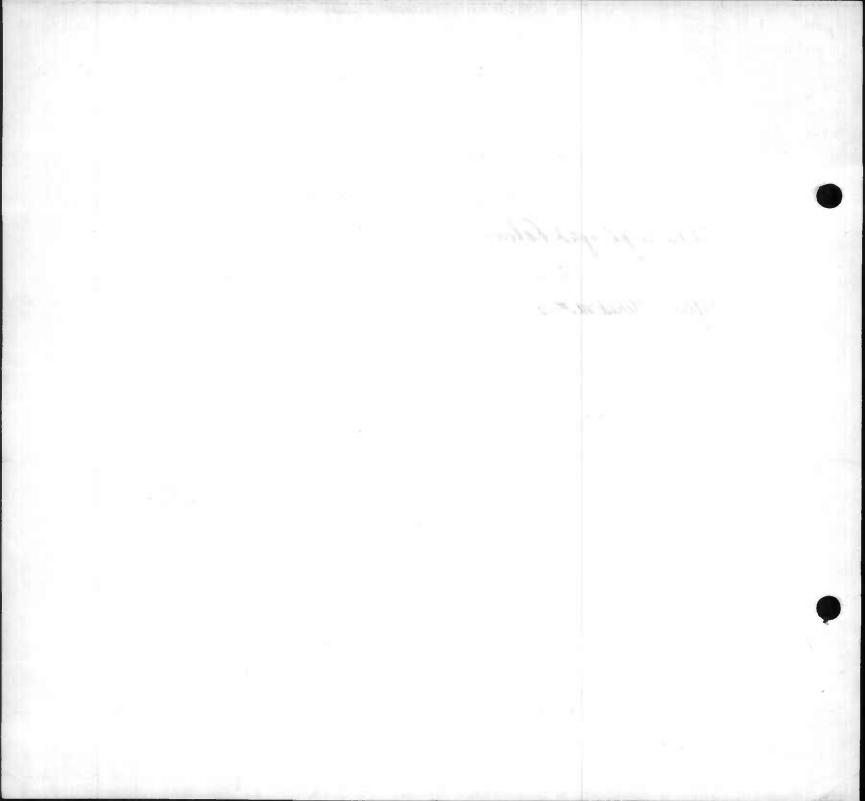
RTH NO. UU 11000	CERTIFICA	TE OF DEATH	Registered Na	00 11000
N.E. CASE NO.		2. DATE A	ND HOUR OF DEATH	
Type or Print)			17/22/66	30 00 -
Ellis Cl	ark	I A LISUAL PESIDENCE (Wh	11/23/66	stitution: residence before admission
. FEACE OF BEATH IN BALLIMONS MAKELAND		A. STATE B. COU	NTY	smonan. lesigence beidle damission
FULL NAME OF (If not in hospitol or instill HOSPITAL OR oddiess or location)	tion, give street	Maryland		
INSTITUTION		C. CITY OR TOWN (If o	utside city limits, write R	URAL and give township)
3.3		Baltimore		100
		D. STREET ADDRESS	fiural, give location)	
The Johns Hopkins Ho	spital	1437 Webb (	Court	
SEX 6. RACE 7. MAI	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 His Months Doys Haus Min.
Male Negro Di	vorced	8/20/24	42	
DA, USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
41-00 11 11/11	/	X.	01 84	
memperga late	TEN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	W. Say	1
FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Ellis Clark		Irene Mos	ssman	
wos Deceased Ever in U.S. Armed Forces? es, no or unknown) (If yes, give war ar dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Und Undant	SECORITI NO.	Cathorine.	march, 11	1, 1437 Melf of
Ø18. 32 2 1 1	CAUSE O	F DEATH	- The Carlot	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1	1 11 0		ONSET AND DEATH
LEADING TO DEATH	(A) 121	olisiella Price	morio	? Tweele
(This does not mean the mode of dying,				10 00 00 00 00 00 00 00 00 00 00 00 00 0
heart failure, astheria, etc. It means the dis injury or complication which coused death.)	ease,	11/1		
ANTECEDENT CAUSES	(B) Del	ulitation		
	DUE TO	4 4	/ \	
DISEASES OR CONDITIONS, if ony,		and is allending	1,000	
rise to the above cause (A) stating UNDERLYING CONDITION last.	ine (C)	unic aspero		
ll l				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING Of 1	1.1	0 /.	
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE VILADAA	itution ) 5 to	increating inco	Menine
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	of 208. IF YES, WERE F	HONGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	- 2	Ves	IN CERTIFYING CAL	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 2 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., WNJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
OF INJURY	While At Not Whi	le 🗂		
(APPROX)	Work At Work			1
22. I certify that (I) (this haspital) atten	ded the deceased from /	1/22	19 66 ta //	127 10 65
that (I) (we) last saw the deceased alive	1.1	19 6 6 and t	- (	in death and a she de
	( ) =			nian death accurred an the da
and havr and from the causes stated aba	ve. (1) (We) (did) (did nat)	view the bady after death	•	
23A. SIGNATURE	,			23B, DATE SIGNED
I let a delan d	M.D. All	ending Med.	Stoff Phys.	11/23/66
23C. PHYSICIAN'S	MI	23D. ADDRESS	1117 30 4-10	11/20/00
NAME (Type)		EUG. MODRESS		
John T. Serge	nt M.D.	The Johns H	Hopkins Hos	pital
4A. BURIAL CREMATION, 24B. DATE	4C. NAME of CEMETERY OF CR			ly, town, or county) (State)
REMOVAL (Specify)	Mr. St Mar	1 6	conttant	List a-
MI/ILAY Y107,001/66	INALLE / Ille	UI UMUI	soi //wal	with cost,

25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

1966

ADDRESS

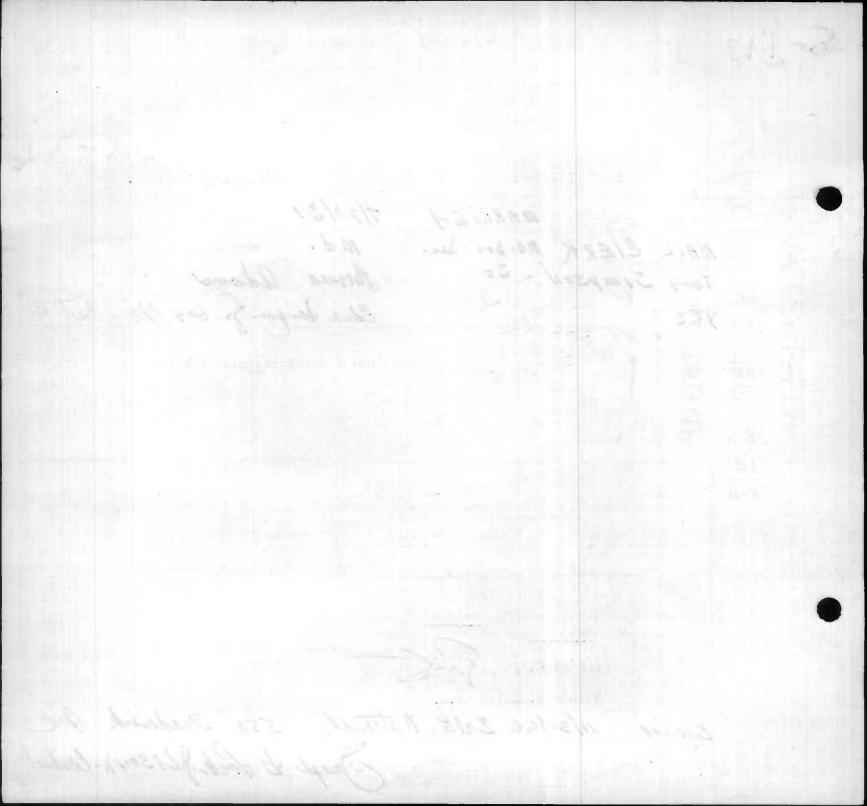
VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH R

BIR'	TH NO.		WEDI	CALEX	KAMINER 5	CERTIFI	CATE OF	DEATH Registe	red No.	1 00	1006
_	E. CASE NO.										
1. (Ty	pe or Print)	CEASED	Pe	rcy Si	mpson		2. DATE AN	11/26/6		3:20	p. A4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION						4. USUA A. STATI	Maryland	deceased lived. If insign B. COU	UNTY	dence befor	e odnission)
	43	South	n Balt	imore G	eneral	D. STREE	T ADDRESS (If rurol		t Rd.	<b>→</b>	
5. \$	male	6. RACE	ed	7. MARRIED, WIDOWED, MARI	NEVER MARRIED DIVORCED(specify)	7/2	of Burth	9. AGE (In years lost birthdoy)		r 1 Yr. If U Doys Ho	nder 24 Hrs. Min.
don	HAIL of	Works of EX		Md. Do	BUSINESS OR INDU	STRY 11. BIRTH	PLACE (State or forei	gn country)	12. CITIZ WHA	EN OF AT COUNTR	RY?
13.	ercy -	SIMP.	SON	. 51	-9	Lary	er's maiden nan	dams			
	WAS DECEASE , no or unknown				16. SO CIAL SECURITY NO.	Edn.	a Semper	- Jr. 604	Cher	ry Oses	et Rd
NO!	(This does he of foilure, injury or co DISEASES RISE TO TH	SE ÓR COND LEADING T not men the costhenio, etc. mplicotion which ANTECEDENT OR CONDITION LE ABOVE CAI NG CONDITION	O DEATH mode of It means th coused of CAUSES ONS, IF A USE (A) ST	dying, e.g., the discose, eoth.)	(B)	rtensiv	e cardiovas	scular disea	se		
CERTIFICATION	TO THE	NIFICANT CO DEATH BUT OR CONDITION	NOT REL	ATED TO T		120A A	UTOPSY? (Yes or No	20B. IF YES, WERE FI	INDINGS (	CONSIDERE	
	0	O'EKA IION	WAS PERF		William Orekanon	no	010131: 1103 01 110	IN CERTIFYING CAU			
MEDICAL	UNDERLYING	OR CONTRIB	-	home etc.)	PLACE OF INJURY (e., form, foctory, street	et, office bldg.,	21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ	(If in Boltimore City, g	ive exoct l	ocotion)	
	OF INJURY	(1101111)	oy/ (100).		WHILE AT   N	OT WHILE					
7		URE	etural cau	equiry () sees (x) A	Inspection X	Autapsy CH		XAMINER 🔀	er 🗌		SIGNED
	BURIAL CRE	MATION, 231	DAJE	J. Spit	E. M.D. C. NAME OF CEMETE  Balto, N	aliand	ORY 23D.	SOI Free	lesse	county)	Stotel.
24	A. DATE REC'D		3 1966		OF REGISTRAR	\$24C.	FUNERAL DIRECTO	Land W	1300	ADDRESS	enhal
VS	151-PFV 1/1/	165	1300	- Web	O E Nowen	T	7	" out		// 🗸	



M-143

66	11857	BALTIMORE CITY HEAL	TH DEPARTMENT		CC 44057
BIRTH NO.	MEDI	ICAL EXAMINER'S CI	ERTIFICATE OF	DEATH Registered	Nº0 11001
M.E. CASE NO.					
Type or Print		MANTETT		ND HOUR PRONOUNCED	
	/ILLIE	MAYFIELD		ember 22, 1966	IVI
3. PLACE IN BAL	IIMOKE MAKILAND, W	HERE PRONOUNCED DEAD	A. STATE	re deceased lived. If institution B. COUNTY	on: residence before admission
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Maryland	side corparate limits, write RU	RAL and aive township)
HOSPITAL OR	ADDRESS OR FOCA	(IION)	Baltimore		A I
2 2 3	Johns Hopkins	Hospital	D. STREET ADDRESS (If rur	al aims (acadea)	0
33	1			ederal Street	
5. SEX	6. RACE	7. MARRIED, NEVER MARRED WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs Annths, Days, Haurs, Min.
Male	Colored	IVARRIES	9-28-1919	1 474	Tours Fount
	UPATION (Give kind of work	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or fore	eign country) 12	CITIZEN OF
done during most of	working life, even it retired)	SFLF-F. GARAGE	SCI		WHAT COUNTRY?
13. FATHER'S NA	ME	TO THE TOTAL OF THE PARTY OF TH	14. MOTHER'S MAIDEN NA	ME	LIVIU.
MIS	211 MAY	FIELD	JARAH CE	FORV	
	ED EVER IN U.S. ARMED		17. INFORMANT	AL	DDRESS
(Yes, no or unknow	n) (If yes, give war or date	s of service) SECURITY NO.	GONCE MA	1/ E) E/ N 1077	C. E. Pron) (
18.		13/16/1682	V MACE /YIA	y rifla 1731	INTERVAL BETWEEN
4-50	21/1	CAUSE	OF DEATH		ONSET AND DEATH
DISEA	LEADING TO DEATH	RECTLY Arteri	osclerotic Card	iowascular Dis	0250
(This daes	not mean the mode of	dying, e.g., DIE TO	ODCICIOLIC OUT	TO A DE CATAL DE DE	
injury or co	e, osthenio, etc. It meons amplication which caused	deoth.)	*		
	ANTECENDENT CAUSE	:S			
DISEASES	OR CONDITIONS, IF A	NY, GIVING (8)			
UNDERLY	HE ABOVE CAUSE (A) ST ING CONDITION LAST.	IATING THE			
Z		(C)			
OTHER SIGNATION THE	II CONDITIONS	CONTRIBUTING			
O THE	DEATH BUT NOT REI	LATED TO THE			
E DISEASE	R CONDITION CAUSING	OIT.	20A ALITORSY2 (Yes or N	a) 208. IF YES, WERE FINDIN	NCS CONSIDERED
12	WAS PER		No	IN CERTIFYING CAUSES	
ZIA. EXTERN.	AL CAUSE WAS	21B, PLACE OF INJURY (e.g.,		(If in Boltimore City, give 6	exact lacation)
	OR CONTRIB-	hame, form, factory, street, o	ffice bidg., INJURY OCCUR?		
<u> </u>		A LANGUAGE TO THE PARTY OF THE	OLE HOW DID IN	III. O C C II. O	The state of the s
OF INJURY	(Month) (Doy) (Year		21F, HOW DID IN	JOK! OCCOK!	
		m. WHILE AT NOT	ORK ORK		
22.	rtify that I held an I	ngulry Inspection X Aut	opsy and that an t	this basis, death in my a	pinlon
	Ited from: Natural car			Undetermined manner	_
	17311	7	CHIEF MEDICAL E		
ACTUA		Testly 410	ASSISTANT MEDICAL		DATE SIGNED
SIGNA		M.D.	ASSOCIATE MEDICAL		
NAME	(Type) 'Rudiger	Breitenecker, M.D.	Will be a series of		11/23/66
23A, BURIAL CR REMOVAL (Speci	EMATION, 238, DATE	23C. NAME OF CEMETERY O	CREMATORY 23D.	LOCATION (City, tow	vn, ar county) (Stale)
BURIA	1611-2	446 ABBULLIS 1	MEM. TORK A	-RAWIUS /	YICH
24A. DATE REC'I	BY HEALTH DEPT.	24B NAME OF REGISTRAR	24C. FUNERAL DIRECTO	OR	ADDRESS
	NUV 28 1966	Poly & Fallen	DOEPH K	NIGH 11791	V P. Dardinal
VS 151-REV. 1/1	/65	To ordo - , mondina	- NOVEILL	ונטוןויינוי	LINGAUNIAY
- 3 131-KE V. 1/1	, 00				

TOTSON WAYDELD SARAH CERCKY THE SAME SAN VINAL BURNETS AND THE PROPERTY OF THE PARTY CASER FAREE MODELES AND

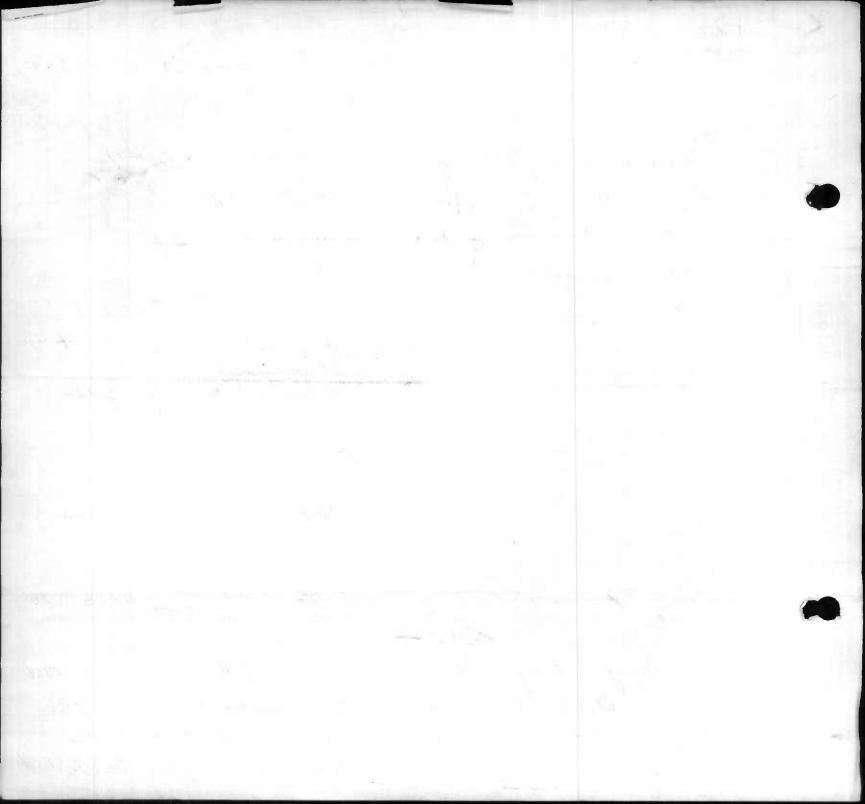
	6.	D 44 DEG	-,	BALTIMORE CITY	HEALTH DEPARTMENT		11050		
W11	IRTH NO.	6 11858	5	CERTIFICA	TE OF DEATH	Registered Na.	66 11858		
1	NAME OF DECEASED	1.		,	2. DATE	AND HOUR OF DEATH			
11	Type or Print)	Raliu	5. V	incas		11-26-66	6:25 Q.M.		
	B. PLACE OF DEATH IN		-		A. STATE B. CO	There deceased lived. If ins UNTY	titution: residence before admission)		
		If not in hospitol o oddress or locotion)		ive street	C. CITY OR TOWN (IF	outside city limits, write Ri	and the second s		
	34		, ,	/	Daltimor	RE	53-00		
	BON S	ecours	Hos	pital	9.5 Man	(If rural, give location)	. 47		
	5. SEX 6. RAC	E (/)	MARRIED, WIDOWED	NEVER MARRIED , DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,		
	IOA, USUAL OCCUPATIO		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF		
	done during most of working t	life, even if retired)			Lithuan	'ia	WHAT COUNTRY?		
	13. FATHER'S NAME	•			14, MOTHER'S MAIDEN I	NAME			
	KARALIU	5 WiN	1005		(				
	5. Was Deceased Ever in Yes, no or unknown) (If yes,	U. S. Armed Forc	os?	1 6, SOCIAL SECURITY NO.	17. INFORMANT	2/	ADDRESS		
	ND			3600000	Hamission Sheet,				
l	182420,	/ 1		CAUSE O		0 10 -116	INTERVAL BETWEEN		
		CONDITION DIRE	CTLY	1	L 14 ·	00.01	onset and Death		
		NG TO DEATH	dvina e a	(A) Acul	e posterior il	all infarct	Mr.		
	(This does not meen the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,				left ven	tricld			
		ANTECEDENT CAUSES (8) AND				ic Heart Disea	se years		
	DISEASES OR CO		ny aivina	DUE TO		7,	0		
	rise to the obox	re couse (A)		(C)		***************************************	••••		
	UNDERLYING CON	DITION lost,							
	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDI	BUT NOT RELAT	TED TO THE						
	19A. DATE OF OPERA		ITION FOR W	VHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE FI	INDINGS CONSIDERED USES OF DEATH?		
	OR CONTRIBUTING	S UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)		
	DEATH (notify medico		etc.)		nice bidg., INJURI OCCUR				
	Q 21 D. TIME (Month	n) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
	OF INJURY		Whil	le At Not While At Work					
	22. I certify that	(this hospital)		ne deceased fram	11 -	19 66 ta	11-26 19 66.		
				11-26	19 66 and	that interval Town apin	ion death occurred on the date		
				00	iew the body ofter deot				
	23A. SIGNATURE				, 202, 21101 2021		23B, DATE SIGNED		
	Ollan	g S	up	Cha Phy		Stoff Phys.	11-26-1966		
	23C. PHYSICIAN'S NAME (Type)	Davis	8118	0	23D. ADDRESS	COURS HOSP	ITAI		
	24A. BURIAL CREMATION	VANG	24C, NA	CIIA			y, town, or county) (State)		
	BURIAL (Specify)	11/29/6	6 Mo	st Holy Rea	leene	Doet	3 md		
	25A. DATE REC'D BY HE	ALTH DEPT.	25B. NAME O	F REGISTRAR	25C. FUNERAL DIRECT	(0) /	ADDRESS		

NOV VS 150-REV. 1/1/65

Robe & Farker

25C. FUNERAL DIRECTOR

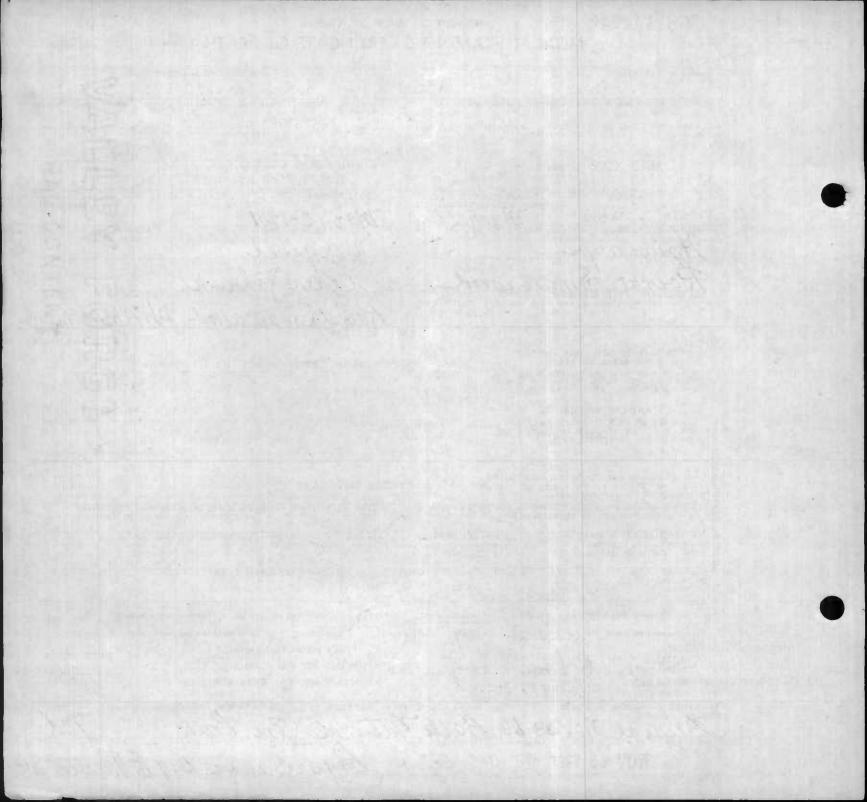
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1-300 BIRTH NO.

N/	AFDICAL	EYAMINIED'S	CEDTIFICATE	OF	DEATH Registered No
v	AFDIC AL	EXAMINEK 3	C.EK HIEIC.A.I.E.		I JE A 1 M Registered No.

BIRTH NO.	MED	ICAL EXAMINER	3 CERTIFICA	TE OF DEATH	Registered Na		
M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print)				2. DATE AND HOUR PRONOUNCED DEAD			
	MARY	HAYWO	OD	November 18	3, 1966	5:40 P M.	
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESID	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY			
FULL NAME OF	HE NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREE	Mar	yland			
HOSPITAL OR	ADDRESS OR LOCA	ATION)	C. CITY OR TO	WN (If outside carparate	limits, write RURAL o	nd a tawnship)	
IN SILTO HON			Bal	ltimore	4-0	1	
26	13 Kirk Avenu	ue	D. STREET ADD	RESS (If rural, give location	on)		
0.0			261	13 Kirk Avenue	2		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRT		(In years   If Unde	1 Yr. If Under 24 Hrs.	
Female	Negro	WIDOWED, DIVORCED (specify)	May	n 1921 last bir	!	Days Hours Min.	
		k 108. KIND OF BUSINESS OR INI	DU STRY III. BIRTHPLACE	(State or foreign country)	35 12. CITIZ	FN OF	
	working life, even pretired)		21.15	0	WHA	AT COUNTRY?	
13. FATHER'S NAM	selver		14. MOTHER'S M	ALVUAU MAIDEN NAME			
10.0	215	- 10	20	Note to the state of the state	,		
100	ed oma	ill wood	Cla	ra john si	m		
Yes, no or unknown	ED EVER IN U.S. ARMED		17. INFORMANT	0	ADDRES:		
			Koberts	Small Wo	& Phil	adolphia Ro	
1B.	W A LAW		CAUSE OF DEATH	071-100-10	0.70	INTERVAL BETWEEN	
DISEA	ONSET*AND DEATH						
DISEA		E OR CONDITION DIRECTLY LEADING TO DEATH  Hypertensive Cardiovascular Disease.  (A)  Hypertensive Cardiovascular Disease.  DUE TO					
(This does	nat mean the mode of						
injury or co	ry or complication which coused deoth.)						
	ANTECENDENT CAUSES						
	ANTECENDENT CAUSES  OISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO						
RISE TO TH	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
	NO CONDITION LAST.	fC)					
2	ll l						
	INIFICANT CONDITIONS		abetes Mellit	****			
DISEASE C	DEATH BUT NOT RE		abeces Melit	.us			
19A. DATE OF	F OPERATION 198. CON	NOTION FOR WHICH OPERATION	N 20A. AUTOPS	(? (Yes ar Na) 20B. IF YES	WERE FINDINGS C	ONSIDERED	
O P	WAS PER	FORMED	No	IN CERTIFY	ING CAUSES OF DE	ATH?	
	L CAUSE WAS	218. PLACE OF INJURY	Y (e.g., in ar about 21C.	WHERE DID (If in Boltim	are City, give exact le	ocation)	
UTING CAL	OR CONTRIB-	hame, tarm, tactary, s	treet, affice bldg., INJUR	Y OCCUR?			
Z 21 D TIME	(14 11) (15 ) (19	TOTAL PROPERTY OF COLUMN 1	IRRED OIS II	OW DID INJURY OCCUI			
OF INJURY	(Month) (Day) (Yea			OM DID INJURI OCCUI	if		
(APPROX.)		WHILE AT WORK	NOT WHILE				
22.	tify that I held an I	Inquiry Inspection X	Autapsy an	d abox abt- bt-	1		
			_	d that an this basis, o		n	
resu	Ited from: Natural ca	uses X Accident .	Suicide Hamic	ide Undetermli	ned manner 🔲		
CHIEF MEDICAL EXAMINER						DATE SIGNED	
	SIGNATURE (Larles) felly M.D. ASSISTANT MEDICAL EXAMINER X						
EXAMIN		s S. Petty		EDICAL EXAMINER		11/19/66	
NAME (	Type/						
23A, BURIAL CRE		23C. NAME of CEME	ETERY OF CREMATORY	228 LOCATION	(City, tawn, ar	caunty) (State)	
13114	eal Most	13-16 Roll	Mational	(Em of	20/2	md	
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNER	AL DIRECTOR	illy	ADDRESS	
	NOV 9 9 1000	ARRATA		0	2	AL	
	MUA TO 1App	Robert E. Farle	WM. Blank	er ander	22176	Ikeston Si	
VS 151-REV. 1/1/		1 9 0 0 0 0 0	N.		1 40 1		



must

or final disposition is made eceased ō the LO attendance embalmed regular Gre the remains Was No physician before any nature; obtained 9 (except and o hospital death) must was released accident 0 approval ō prior at An D.O.A. deceased p the body REMOVAL (Specify) shows: Baltimore County, Maryland 11-30-1966 .966 Sacred Heart 25B. NAME OF REGISTRAR Was 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Lilly & Zeiler Inc. 1901-07 Eastern Ave. V\$ 150-REV. 1/1/65

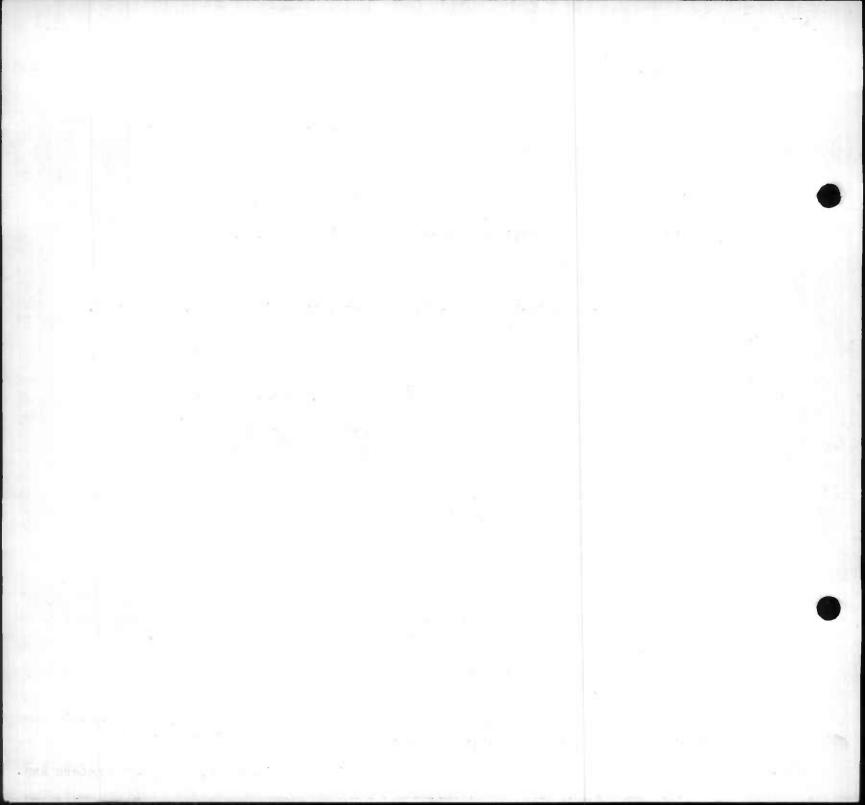
Bulliam City Happhil 646 S Ellwid 111brushiles he 18 58-51-8 Austra Drish Palmete CVA How Colleton Cist " was 12 The Care

VS 150-REV. 1/1/65

BALTIMORE	CITY	HEALTH	DEPARTMENT

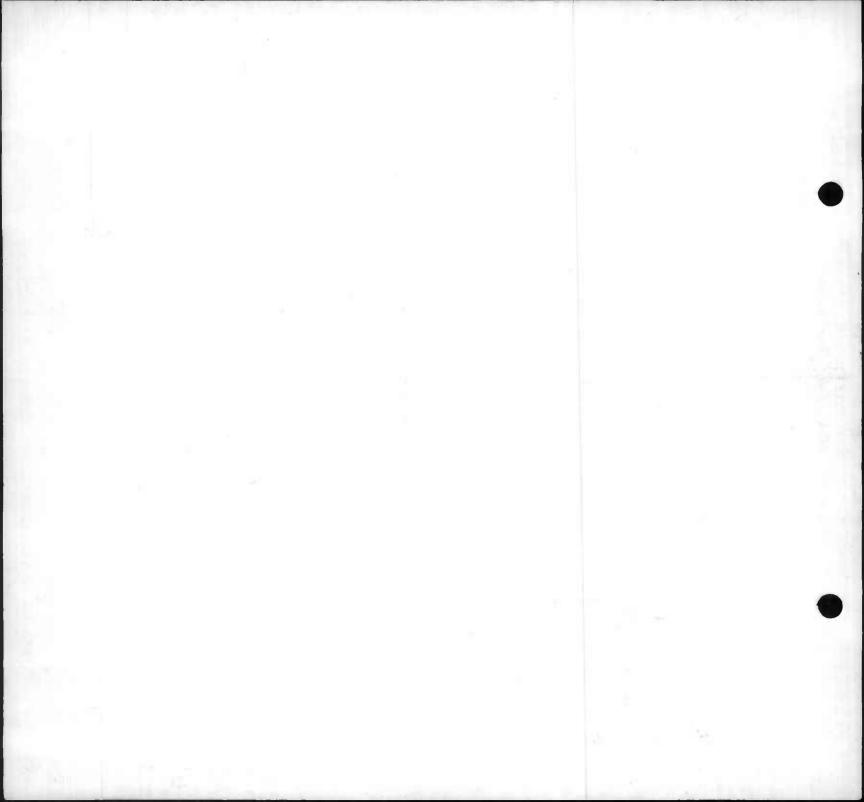
Registered No. 66 11861
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BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	66 11861
1. NAME OF DECEASED 11861		2. DATE AN	D HOUR OF DEATH	
(Type or Print) Edward &. E.	1115	11-	26-66	2 Am.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If in	stitution; residence before admission)
FULL NAME OF (If not in hospital or institution, give	sheet	Balto.	md	
HOSPITAL OR oddiess at lacation)		C. CITY OR TOWN (If out	side city limits, write	WRAL and give township
	1.1.1	Baltimore		7-01
34 Bon Secours Ho	spital	D. STREET ADDRESS	ruiol, give location)	G ₄
		326 5,	03.1.	r 37,
5. SEX 6. RACE 7. MARRIED, NE WIDOWED, D	VER MARRIED OVORCED (specify)		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 His. Months Days Hours Min.
M W MARR	let	6-12-01		
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Retired National	Starch	Balto.	Nd	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	_	
James + 1115		Barbara	?	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(Iff yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	212-09-8484	Mrs Anna Ellis	326 S. CI	nester St.
18. / 5 2 1	CAUSE OF		<u></u>	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			· Africa	ONSET AND DEATH
LEADING TO DEATH	(A) Embe	olus of pulmon	ary arlery	how
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	DUE TO	0 4	/	
injury as complication which caused death.)	Thro	mborin of On	1+ Pag 102111	drus
ANTECEDENT CAUSES	DUE TO	movery of my	(SMILLERALA)	
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the	10 Sta TIL	s post 6 days a	int resection	4
UNDERLYING CONDITION last.	(C) Jefferson	of Simulated Cal	m for Ademo	
		1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Politicano	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION CAUSING IT.	011 0000 11000	20A. AUTOPSY? (Yes or No	V 000 15 V-0	
WAS PEREORMED		0 1/- 0	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
		or about 21C. WHERE DID	(If in Baltimore	City, give exact location)
	form, factory, street, of	fice bldg. INJURY OCCUR?		
0	JURY OCCURRED	21 F. HOW DID INJ	IIBY OCCIIB?	
OF INJURY (APPROX.)  While			OKT OCCOK:	
VV OFK	At Work	100/1	11	13/
22. I certify that (1) (this hospital) attended the			19.66 to //	126 1966.
that (a) (we) lost sow the deceased alive on	1126	and th	ot in (nee) (our) opi	nian death accurred on the date
ond hour and from the causes stated above.	We) (did) ( <del>did mot)</del> v	iew the body ofter deoth.		
23A. SIGNATURE	M.D. Atte	nding Med.	Staff and	11/26/66
Byre aly alauca	Phys	Director _	Stoff Phy s.	11/26/00
23C.PHYSCIAN'S NAME (Type)	2	23D. ADDRESS	10	0
JOSE A, MALANCA	R M.D.	BON SEC	OURSH	DSTITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAMI REMOVAL (Specify)	E of CEMETERY OF CRE	-	Datomi	brewn Maryland (Stote)
Burial 11-29-1966 Balt	imore Nation	ial 36	Razidiroco-L	MOST HAL
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF I	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
NOV 28 1966 R. D. B	E. Jake HA	Z Lilly & Zeil	er Inc. 19	901-07 Eastern Ave.



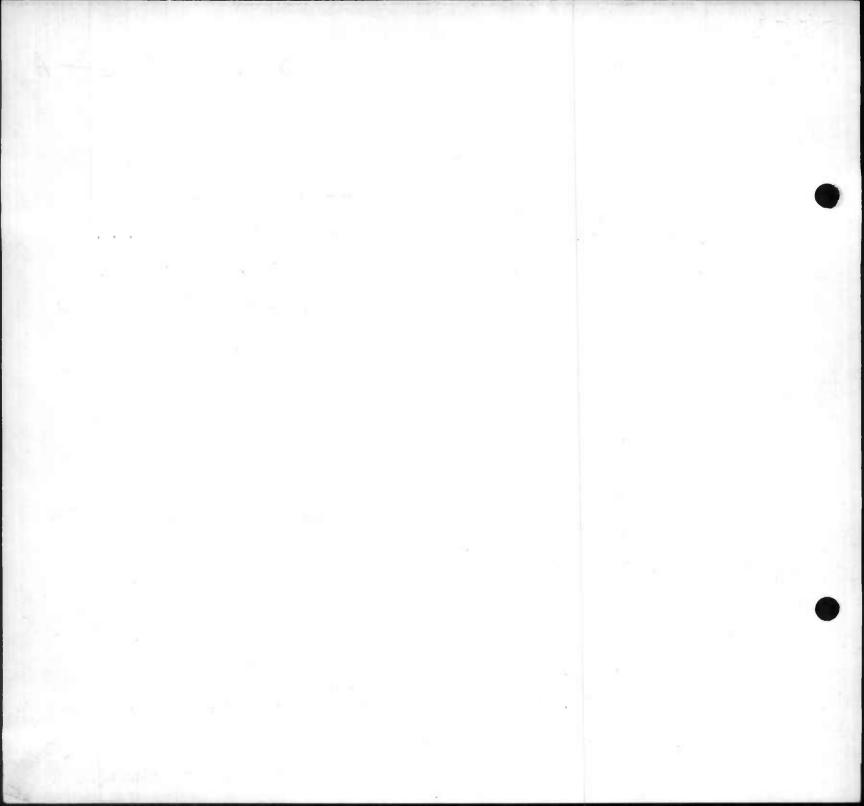
FUNERAL DIRECTOR: IMPORTANT	+
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and we the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	7.
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	11
written approval must be obtained before the remains are embalmed or final disposition is made.	

1	4.	6 11862	BALTIMORE	CITY HEALTH D	EPARTMENT				
1	TH NO.		CERTIFI	CATE OF	DEATH	Registered No.	66	$\frac{11862}{}$	
1,1	NAME OF DECE	13-005715 ASED	8 20		2. DATE AND	HOUR OF DEATH		, 30	
	/-	PRICE D.	JAMES		2	1 Nov.	66	1 = PN	
3.	PLACE OF DEAT	TH IN BALTIMORE, MA	RYLAND	A. STATE	RESIDENCE (Where B. COUNT	deceased lived. If i Y	institution: resi	dence before odmissian)	
	FULL NAME OF	(If nat in haspital oddress or locotian	or institution, give street					4.4.60.	
	INSTITUTION			C. CITY OR	TOWN (If outs	ide city limits, write	RURAL ond	give township)	
0	Dukel	AND NOR	sing Home	D. STREET	ADDRESS (If re	urol, give locotian)		0010	
-	201101			ANN	ANNAPOLIE MARYLOND				
5.	SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (speci	B. DATE OF		AGE (In years	If Under 1	Yr. If Under 24 Hrs.	
	M	N	WIDOWED, JOI VOKCED (Speci	1-11/8	82	84		3,3	
		PATION (Give kind af work orking lite, even il retired)	108, KIND OF BUSINESS OR IND	USTRY 11. BIRTHPL.	ACE (Stote or foreig	n country)	12. CITIZE	N OF COUNTRY?	
	) NKNOW N		UNKNOWW.	am	apoles d.	nel-		US	
13.	FATHERS NAM				R'S MAIDEN NAM	IE			
-	RA Q	A Brue		ONEN	Siam	es Crunk	le		
15. (Ye	Was Deceased I	Ever in U. S. Armed Far (If yes, give wor or dote	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORM	ANT	7	Α	DDRESS	
		200	567-05-13	65 E. 1	norris-S.	STER 9CO	zrum.	U Tem lin	
	1B. 33	4 XI		ISE OF DEATH		9-1-1-1	IN	TERVAL BETWEEN	
		OR CONDITION DIE	RECTLY	0 110	$\mathcal{D}_{\sigma}$	1			
		LEADING TO DEATH	dving, e.g., (A)	CHKON	IC DKA	IN SYNDR	OME 4	-6 yrs.	
	heart failure, a	sthenia, etc. It means dication which caused	the disease,					·	
		NTECEDENT CAUSES	(B) C	crebral	Arterias	relorosio	_		
		R CONDITIONS, if	DUE T	• 4-		Granliza			
	rise la lhe	abave cause (A)	stating the (C)	Folerios	-leroses (1	Jeneralizs	20/		
	UNDERCTING								
NO	OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING	1.004		,			
ATI	DISEASE OR C	ATH BUT NOT RELA		replif	orm Dey		Mal)		
CERTIFIC	19A. DATE OF	OPERATION 198. CON	DITION FOR WHICH OPERATION	20 A. KU1	TOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS C	ONSIDERED	
CERT	21 A. ACCIDEN	T WAS UNDERLYING	218. PLACE OF INJURY	(e.g., in or obout 21)	C. WHERE DID	(If in Boltimo	ze City nive	exoct locohan)	
AL (	OR CONTRIBUT	TING CAUSE OF	home, form, factory, str	eet, office bldg., IN	JURY OCCUR?	til til bollinio	ie City, give	exoct locondil	
DIC		(Month) (Doy) (Year)		211	F. HOW DID INJU	IRY OCCILE?			
ME	OF INTITION		While At No	t While		KI OCCOK.			
				Wark					
			tottended the deceosed from					OV 1966	
			d olive on 20 NEL			tin(my) (	inion deoth	occurred an the dat	
	ond hour ond		red obove. (I) (We) (did) (did)	view the bac	ly ofter death.		Tona Diam		
	ZSAJSIGNATOR	11 11.0	M.D	Attending V	Med.	Stoff	23B. DATE		
	25C. PHYSICIAN	H. Holme	2 711	Phys. 23D. ADDRES	Director F	Phy s.	21	NEV. 66	
	NAME (Ty				,				
24	A. BURIAL CREA	AATION, 248. DATE	24C. NAME of CEMETERY	M.D.	240 10	CATION / (C	ity town -	county) - (State)	
	REMOVAL (SE	pecify)	11 mittall	1.1/04-	_ /10.10	2 - 160	City, tawn, or	county) M (Slote)	
25	A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	LY CALL	NERAL DIRECTOR	TWO KEELS	y	ADDRESS	
-	1	IOV 28 1966	Relieb E. Jalley	MA - Z-7	Unes. O	Ul Som	1000 6	3 to The Ans	
VS	150-REV. 1/1/6:		740	1 _ 11	7.0		1000	imacey is	



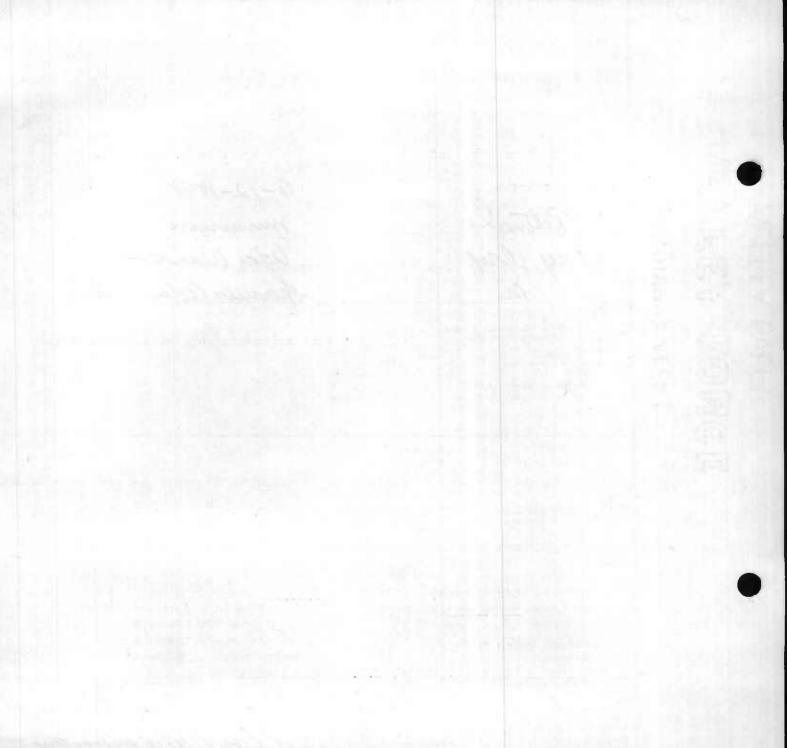
SAB-48-15-76/	66 11863 BALTIMORE CITY HEALTH DEPARTMENT 66 118	63
		.30
pital, and of death Deceased ce on the ath. Such	M.E. CASE NO.  11. NAME OF DECEASED Marcine Turner  3. PLACE OF DEATH IN BALTIMORE MARYLAND  3. PLACE OF DEATH IN BALTIMORE MARYLAND	- A M
hospital se of de (5) Dece ance on death.	A. STATE B. COUNTY	admission)
hos Se an de	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)  INSTITUTION  C. CITY OR TOWN (If outside city limits, with RURAL and give township)	1
l in a ng cause; cause; catend	Baltimore City Hospitals Baltimore	,
ed in d cau	D. STREET ADDRESS (If rurol, give locotion)	
buti hed lar ade.	Baltimore, Maryland 21224 1717 North Collington Avenue 2122  5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr.   If U	dei 24 Hrs.
th occurre contribut etermined in regular pressed points made	Female Negro Windweb, DIVORCED (specify) 7-4-1926 lost birthdoy) 40	Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country)    Lousewing life, even if retired	
if dea rect or (4) Und was the di	13. FATHER'S NAME	
	Izeah Mackey Carrie A. Lemander	
TAN istant he di kind; death ce on	15. Wos Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   ADDRESS   SECURITY NO.   17. INFORMANT   SECUR	
S 2 = = = = = = = = = = = = = = = = = =	Records: BCH-4940 Eastern Avenue 2122	•
any seed or for	DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  INTERVAL BET ONSET AND	
IMPOI or his as Also, if e of any nounced attenda	LEADING TO DEATH (A) Kecurrent Metastata la of Cornx - 14ea	
0 2 5 5 5	(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,	************
ECTOR:  Examiner  Xaminer  A fracture  who pro  regular  regular	injury or complication which coused death,)  ANTECEDENT CAUSES (B)	
xam cami A fr who reg	DISEASES OR CONDITIONS, if ony, giving	
00	rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.	
AL Di medica edical burns; hysicia n was		
A E B P P P P P P P P P P P P P P P P P P	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
chief chief y a m Body the p tysicia	19A. DATE OF OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19C. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes	ES
F. (2)	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR?	n)
roved by the hospital y nature; xcept who ind (6) No bitained by	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?  While At Work At Work	
or x x de or	22. I certify that (I) (this haspital) attended the deceased fram	19 66
00000	that (1) (we)-last saw the deceased alive an 11-25 19 16 and that in (my) Taur) apinian death accurred a	in the date
st be a used to ent of spital death)	and haur and from the causes stated above. (1) (We) (did nat) view the body after death.	
S o o o	23A. SIGNATURE  23B. DATE SIGNED  11-26-66  Phys.  23B. DATE SIGNED  11-26-66	,
rele a h	Allund   Majellunde M.D. Attending Med. Stall Phys.   1-26-66	
was r An a Prior	David J. Mishelevich M.D. 4940 Eastern Avenue, Baltimore, Maryland	21224
E > 4 - 0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
cer bod ws: D.( base	Bunch 11-30-66 Intalan Cal Balte mel	
This certify the body shows: (1) was D.O. deceased written a	NOV 28 1966 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS CONTROL OF BEGISTRAR 25C. FUNERAL DIRECTOR	4

25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR NOV 28 1966 Robert E. Langue M. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



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	66	1186	a	- 1	BALTIMORE CITY HEA	LTH DEPAR	TMENT		00	14004
BIR	TH NO.		MEDI	CAL EX	(AMINER'S C	ERTIFIC	CATE OF I	DEATH Regist	ered No.00	11864
M.	E CASE NO.									
1. (T.,	NAME OF DEC	CEASED					2. DATE AN	D HOUR PRONOUNG	CED DEAD	
ily	pe or rinnii		Edwa	ard Ivy	7			11/21/6	66 12.	39 р. м.
3. F	LACE IN BALT	IMORE MARY				4. USUAL	RESIDENCE (Where	deceosed lived. If ins	stitution: residence b	pelore odmission)
						A. STATE	Maryland	8. CO	UNTY	
FUI	SPITAL OR	(IF NOT IN	OR LOCA	L OR INSTITU	JTION, GIVE STREET	C. CITY C		e corporate limits, writ	te RURAL ond give	to wn ship)
	TITUTION						D 1.1	5	アクラ	
							Baltimore		)-0/	
	3.3	771-2	77	1		D. STREET	ADDRESS (If jurol,			
		Hopkins	s Hosp	oltal			IDIO E.	. Chase St.		
5. 5	EX	6. RACE			NEVER MARRIED DIVORCED(specify)	B. DATE O	FBIRTH	9. AGE (In yeors lost birthdoy)	Months Doys	Hours Min.
	male	colore	ed	WIDOWED,	DI V OR CED (Specify)	Q -	17-18-98	68	8	
10A	USUAL OCCI	IPATION /Give I	kind of Work	TOB. KIND OF	F BUSINESS OR INDUSTR	Y 11. BIRTHPI	LACE (State or foreig	an country)	12. CITIZEN OF	
don	e during most of	Yaykıng tile, even	if retired)		20311233 0111100111			,	WHAT CON	NTRY?
		Lelle	W			mi	sussesse	L'	MA	1
13,	FATHER'S NAM	/E	1			14. MOTHE	R'S MAIDEN NAM	E//		
	(An	211 10	111			(1d	11/11/11	2000		
15.	WAS DECEASE	D EVER IN U.	S. ARMED	FORCES?	16. SOCIAL	17. INFORM	MANT		ADDRESS	
(Yes	s, no or unknown)	(If yes, give v	voi oi dote	s of service)	SECURITY NO.	1	1	1 /		
		100				tra	nus (10	la de	rme	
	1B. LL 0	21.			CAUS	E OF DEAT	Н			VAL BETWEEN
	DISEAS	ST OR COMP	ITION DU	DECTIV					ONSE	T AND DEATH
	DISEAS	SE OR COND LEADING TO			Arter	insolar	cotic cardi	iovascular d	dicasca	
	(This does n	not meon the	mode of	dying e.g.	DUE TO	TOSCIE	otic card	iovasculai (	uisease	
	heart failure,	nosthenio, etc.	It meons h coused (	the disease, death.)						
		NTECEDENT			(B)					
	DISEASES	OR CONDITION	ONS, IF A	NY, GIVING	DUE TO					
		G CONDITIO		A III O						
Z					(C)			***************************************		
CERTIFICATION		11			THE THE TAX OF	14.7				
S		NIFICANT COL							- 1-2/19	
Ē		DEATH BUT			HE					
RT					WHICH OPERATION	20A. AU	TOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDI	ERED
Ö	3		WAS PER	FORMED				IN CERTIFYING CAL	USES OF DEATH?	
1	21 A. EXTERN A	CAUSE WA	\$	721 B	PLACE OF INJURY (e.g.,	is as about	Ves	(If in Boltimore City,	sive event leastion)	
MEDICAL	UNDERLYING	OR CONTRIB-		home	e, form, foctory, street,	office bldg.,	INJURY OCCUR?	the in sommore city, t	give exoci locolloni	
8	UTING CAU	SE OF DEATH	•	etc.)						
Σ	ZID INVIL	(Month) (D	oy) (Yeor	) (Hour) 2	TE. INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?		
	OF INJURY (APPROX.)				WHILE AT NOT	WHILE				
				m. \	WORK NOT	WHILE				
	22.	tify that I he	ld on l	nguiry	Inspection Au	topsy 🗶	and that on th	is bosis, deoth in	my opinlon	
	rosul	ted from: No	oturol ca	uses X	Suici			Undetermined mann	ner	
		. 1			( 1/1	CHI	EF MEDICAL EX	KAMINER	DAT	TE SIGNED
	SIGNAT		m	es la.	2 ~ (	ASSISTA	NT MEDICAL EX	KAMINER X		L STOILE
					M.		TE MEDICAL E		11/22	166
	EXAMIN	T	o Wn o w	II Coda	MD	ASSOCIA	TE MEDICAL E.	NAMINEK [_]	11/22	, 00
23/	BURIAL CRE		DATE	U. Spit	C. NAME of CEMETERY	OF CREATATO	DPV 23 D. 1	OCATION (Cit	y, town, or county)	(Stote)
RE	MOVAL (Specify	y) 236	- DAIL	-11	2 40		1	0	1	10 (
1	Suria	1 1	1-2	566	My Carro	4 (0,	16- 6	1200001	11/2 /	MY
24	A. DATE REC'D	BY HEALTH D	DEPT.	24B. NAME	OF REGISTRAR	24C. I	NERAL DIRECTOR	1	ADDRES	S
		NOV 28	3 1968	S A A	RQ In		11 m	1.1	0	
		1101 0	3 1300	Rober	& E. Jarbey M	A C	10411/1	1/elson 10	ov Brain	toulen
VS	151-REV. 1/1/	65			(1) (0) (1) (1)	3. 1	1	1		The state of the s
										/ //



BALTIMORE	CITY	HEALTH	DEPAR	TMENT
CERTIFI	CA	TE O	F DE	ATH

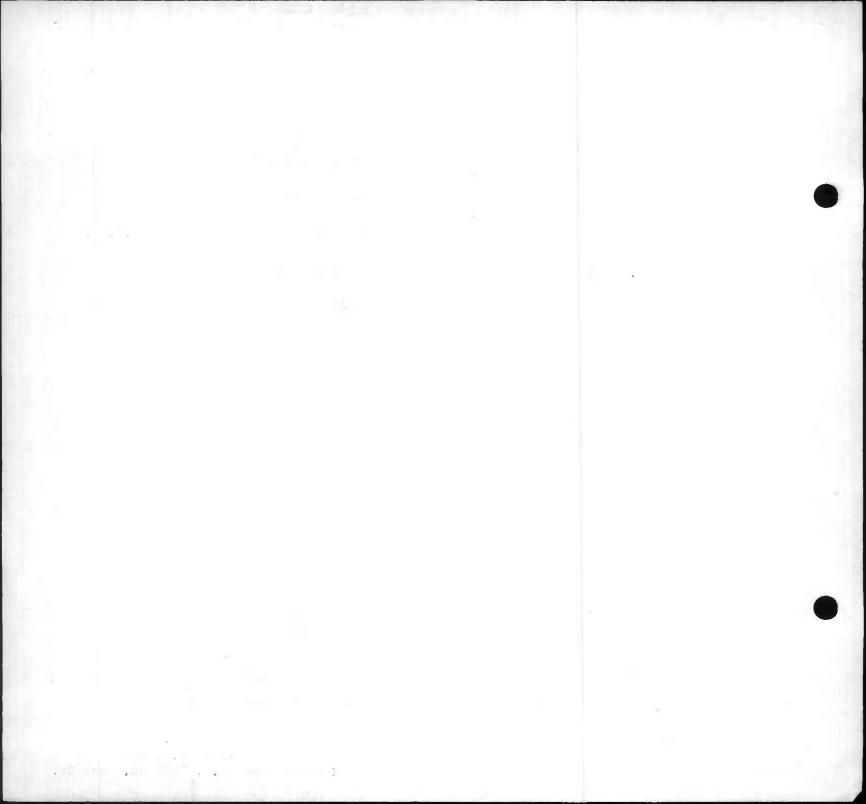
Registered	No.	6	36	1	14	1	1
					TO	17	1

	th NO. 60 11000 CERTIFICA	TE OF DEATH Ro	gistered No. Ob 1100)
1.1	NAME OF DECEASED.	2. DATE AND HO	
	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where dece	osed lived. If institution; residence before admis
		A. STATE B. COUNTY	1
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside ci	ty limits, write RURAL and give township)
	INSTITUTION 1	BALTON	nd.
1	3025 WINDSOL HU BAL	D. STREET ADDRESS (If rurol, gi	ve locotion)
5,	SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE	(In years   If Under 1 Yr. , If Under 24
5.	WIDOWED, DIVORCED (apecify)	F.b. 26, 19024 6	
10A	MAR COLINATION GIVE kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign cou	niry) 12, CITIZEN OF
don	ReAired City Worker	UA.	WHAT COUNTRY?
13.		14. MOTHER'S MAIDEN NAME	
13.	Peter Feltm	Hester K	ilarbrew
1113	Was Deceased Ever in U. S. Armed Forces? s,no or unknown (If yes, give war or dates of service)   16. SOCIAL   SECURITY NO.	17. INFORMANT	ADDRESS
(Ye	WO 212-10-5847	Mary Feton	13) Aisouth SC. Ant
	TB. 15 / X   CAUSE OF	DEATH /	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	E. I. A DIRWAMA	
	(This does not mean the made of dying, e.g., DUE TO	TH HEPATIL ME	or Symmen
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	TH HETATIE ME	TASTASIS
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)		
	UNDERLYING CONDITION lost.		
z	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
U	19 A. DATE OF OPERATION 19 B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
CERTIFI	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	NO	(If in Baltimore City, give exact location)
AL	OR CONTRIBUTING CALISE OF home form foctory street off	ice bldg., INJURY OCCUR?	
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY O	CCUR?
2	OF INJURY (APPROX.)  While At Not While Mark At Work		,
	22. I certify that (I) (this hospital) attended the deceased from	11/13/60 19	10 1/26/62 19
	11/- 1/- /		my) (our) opinion death accurred on the
	and haur and from the couses stated above. (1) (We) (did) (did not) vi	iew the body ofter death.	
	23A. SIGNATORE		23B, DATE SIGNED
	Phys		
24/	NAME (Type) HOLAUS DEWARNE M.D.	3D. ADDRESS WHITELD	en ST BAT TO
24/	A, BURIAL CREMATION. 1248, DATE 124C, NAME of CEMETERY OF CRE	MATORY 24D. LOCATIO	ON (City, town, or county) (St
	REMOVAL (Specily)	6 0	1L md
25/	A DATE PECID BY HEALTH DEPT 258 NAME OF REGISTRAR	2SC. EUNERAL DIRECTOR	ADDRESS
	28 1966 A Dub & Falleyna	Chroy o. h	Ilean 1000 Broute
VS	ISO-REV. IN LAS		

a si saint to a Accusable near or some win the more that proper -W ofsifu whole 20/20/5 AND CHROSER ST CAN THE Anna Jeuneline

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and of the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

		BALTIMORE CITY	HEALTH DEPARTMENT	0	
	H NO. 66 11866	CERTIFICA	TE OF DEATH	Registered No.	66 11856
1, N. (Typ	AME OF DECEASED	ERLY RU	2. DATE AND 4. USUAL RESIDENCE (WHere A. STATE B. COUNT	HOUR OF DEATH	stitution: residence before admission)
H	ULL NAME OF (If not in haspital or institution OSPITAL OR oddress ar lacotian)	n, give street	Maryland C. City OR TOWN (If outsi	de city limits, write F	Q. Q.C., RURAL and give tawnship)
	JOHNS HOPKINS	HOSPITAL	Baltimore D. STREET ADDRESS (If ru	ral, pine location)	SeveINA PARK
5. \$	EX 6. RACE 7. MARRIE WIDOW	D, NEVER MARRIED VED, DIVORCED (specify)	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
dane	USUAL OCCUPATION (Give kind of work 10B. KIND during most of working life, even if retired) House wife	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign		12. CITIZEN OF WHAT COUNTRY? U.S. A.
	ATHER'S NAME		14. MOTHER'S MAIDEN NAM		U.S. A.
130 1	ATHERS NAME		14. MOTHER'S MAIDER NAM	2	
	John P. Hoyt		Carol Beards		***
15. V (Yes,	Vas Deceased Ever in U.S. Armed Forces? ,na ar unknawn) (If yes, give war ar dates af service	SECURITY NO.	17. INFORMANT 42 Hick	5 St. Bto	OKIYN ADDRESS YOLK
N	0	212-32-6389	Husband Howard	i Van Hynin	g
	18. 4-92 X	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	10.	a almin	. 1 .1	ONSET AND DEATH
	LEADING TO DEATH	(A) CW	ronc yeune	rulonepe	ulls byrs or more
	(This does not mean the made of dying, e. heart failure, asthenia, etc. It means the discos	g., DUE TO	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	injury ar complication which caused death.)		1		
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, givin	19			
	rise to the obove cause (A) stating 19 UNDERLYING CONDITION last.	he (C)		****=====	
	ll				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
RTIFICA		R WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
1	OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., in ome, form, factory, street, of tc.)	n ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact (bcakian)
0		1E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
1 > 1		While AI Not Whil			
		Wark Al Wark	7.0/00/	66	
	22. I certify that (I) (this hospital) attended		/ / VOY 19		19
	that (I) (we) lost saw the deceased alive ar	diver	19 0 0 ond that	in(my) (our) opii	nion death occurred an the dote
	and hour and from the causes stoted obave.	(I) (We) (did) (did nat) v	lew the bady ofter deoth.		
	23A, SIGN ATURE	0			23B. DATE SIGNED
	W4 ordon/Wa	1 M.D. Atte		taff hy s.	28 Nov 66
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	W. Gordon Walker	M.D.	The Johns Hop	kins Hosp	oital
24A	BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRI			ly, lawn, ar county) (State)
C	REMOVAL (Specify)	reen Mount		timore, Md.	
		E OF REGISTRAR	25C. FUNERAL DIRECTOR		21202 ADDRESS
		e. C. Z. D.			
	NOV 28 1966 (R.C.	TE Jake MA	WIIIK COOK-BLOOK	(S F.H. 121	7 St. Paul St.
A2	50-REV. 1/1/65				



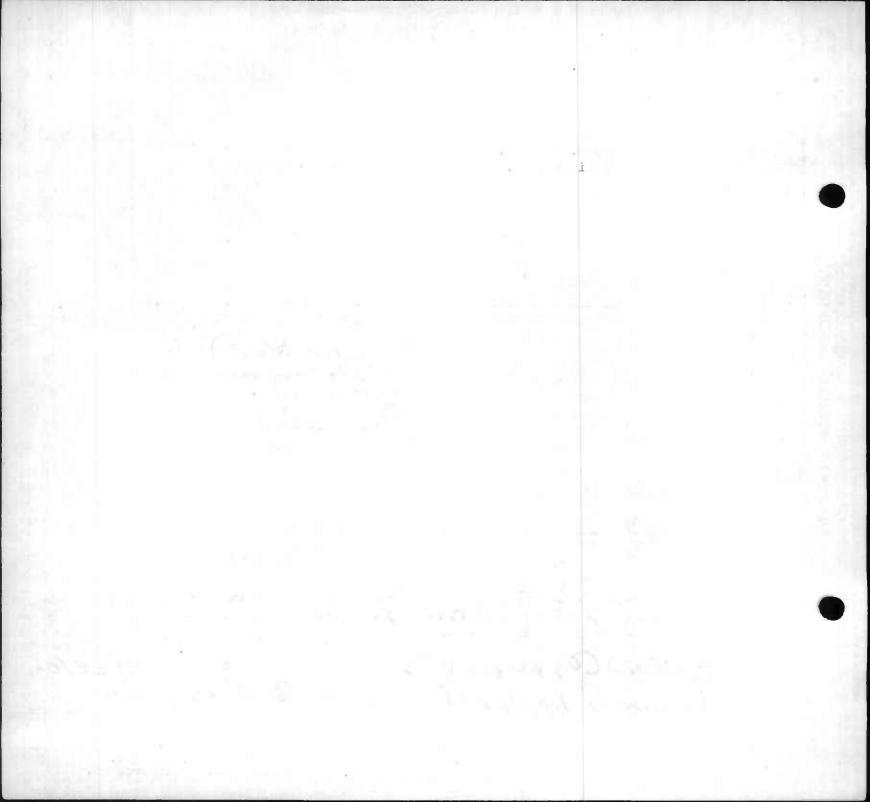
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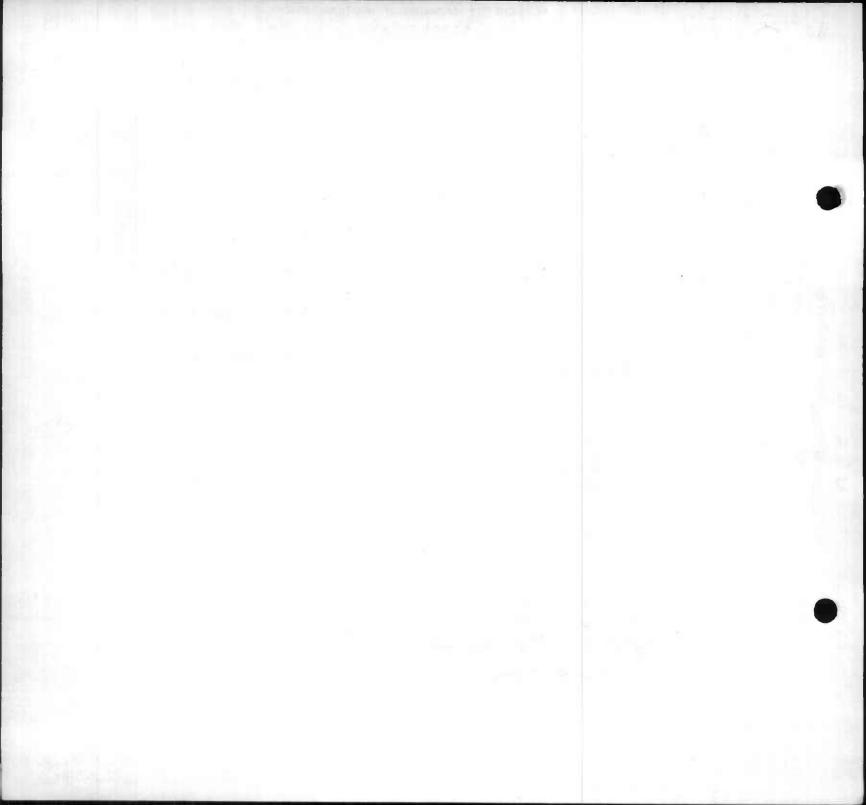
BALTIMORE	CITY	HEALTH	DEPAR	TMENT
DALLIMOKE	CII I	LIEVELLI	VLIA	CEMPIAE

		1	- 1
00 ]	179	0	1

BIRTH NO.	00 4400	1. P. J	CERTIFICA	TE OF DEATH	Registered No.	00 11.007
M.E. CASE NO.	EASED 1100	) (	0=1(11,10)		AND HOUR OF DEATH	2.
(Type or Print)		ARET SC	יוווו ייס	2. 57.1	11/25/66	17 30
3. PLACE OF DEA	TH IN BALTIMORE, MA		UUL12	4. USUAL RESIDENCE	Where deceased lived, If in	stitution: residence before admission
					DUNTY	
FULL NAME O	F (li not in hospital and oddress or location	or institution,	give street	Md c. city or town	f	
INSTITUTION					f outside city limits, write i	RURAL ond give township)
00	Century N	_	Home	Baltimore D. STREET ADDRESS	(If rural, give location)	- 04
70	102 N. Pa					
5. SEX	Baltimore 6. RACE		, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
16.0		WIDOWE	D. DIVORCED (specily)		lost birthdoy)	Months Doys Hours Min.
Female	White	Marr		6/21/99	67	
	working life, even if retired)	IOB, KIND O	L BOSINESS OK INDOSIKI	11. BIRTHPLACE (Stote or	toreign country)	12. CITIZEN OF WHAT COUNTRY?
House	ewife	Own H	Iome	Marylar	nd	USA
3. FATHER'S NAM				14. MOTHER'S MAIDEN		
Tol	hn Cole			Christi	inia (Unknow	n)
5. Was Deceased	Ever in U. S. Armed Ford	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown	(II yes, give wor or date	s of service)	SECURITY NO.			
No			216-28-1779		tz Box #5 For:	
18.42	2,/1		CAUSE	OF DEATH	. 1	INTERVAL BETWEEN ONSET AND DEATH
DISEAS	SE OR CONDITION DIR	ECTLY	(0	1 · N	D (+ 0)	
(This does n	al mean the made at	dvina a a	DUE TO	flative IV	can Janle	mate
heart failure,	asthenia, etc. II means	the disease		idin Nes	machy 7	alend
	plication which caused	death.)	. 0	trus	1 tri c	UHO
4	ANTECEDENT CAUSES		DUE TO	· ·		
	OR CONDITIONS, if			,	X	
	above cause (A) G CONDITION last,	sloling The	(C)	neum		
OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTIN	G			
E TO THE D	EATH BUT NOT RELA	TED TO TH				
19A. DATE OF	OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes		FINDINGS CONSIDERED
19A. DATE OF	WAS PERF	ORMED			IN CERTIFYING CAL	USES OF DEATH?
21 A. ACCIDEN	NT WAS UNDERLYING	211	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DI	D (II in Boltimore	City, give exact location
DEATH (notily	JTING CAUSE OF medical examines	etc	ne, lorm, loctory, street, c ,)	office bldg., INJURY OCCU	K?	
21D. TIME	(Month) (Doy) (Year)	(Hour) 218	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY		1	nile At Not Whi		THE STATE OF THE S	
(APPROX.)		W			1,0	
22. I certify	that (1) (this hospital	) attended t	the deceased from V	rv 22	19 66 to My	v 25 1966
that (1) (we)	last sow the decease	d olive on	Nov 2	5 1966 an	d that In(my) ( <del>out)</del> opi	nian deoth accurred on the do
and hour one	from the causes stat	ed obove. (	I) (We) (dtd) (did not)	view the body ofter dec	eth.	
23A. SIGNATU						23B, DATE SIGNED
11100	a, 1 ( 0 A	keed	M.Q AH	ending Med.	Stoff Phys.	11/26/66
23C. PHYSICIA	N'S	10	Phy	23D. ADDRESS	□ Phys. □	11/26/06
I NAME G	ype)	_ /	010	5507 P	and Hee	rte 2-
Will.	DOUD /1/	1110	teld M.D.		-16	
REMOVAL	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CR	EM ATORY 24	D. LOCATION (Ci	ty, town, or county) (State)
Burial		166 0	ak Lawn		Daltimona Ma	
25A. DATE REC'D	MINENTO DEPTENCE	25B NAME	ak Lawn of registras	25C. FUNERAL DIREC	Baltimore, Md	
	MUV 20 1968	Orle	DE Jarbert	Wm. Cook-Br		imore, Md. 21202
		-		MIII. OOOK DI	ooko Tur, Darr	- Lucy Contract Contr

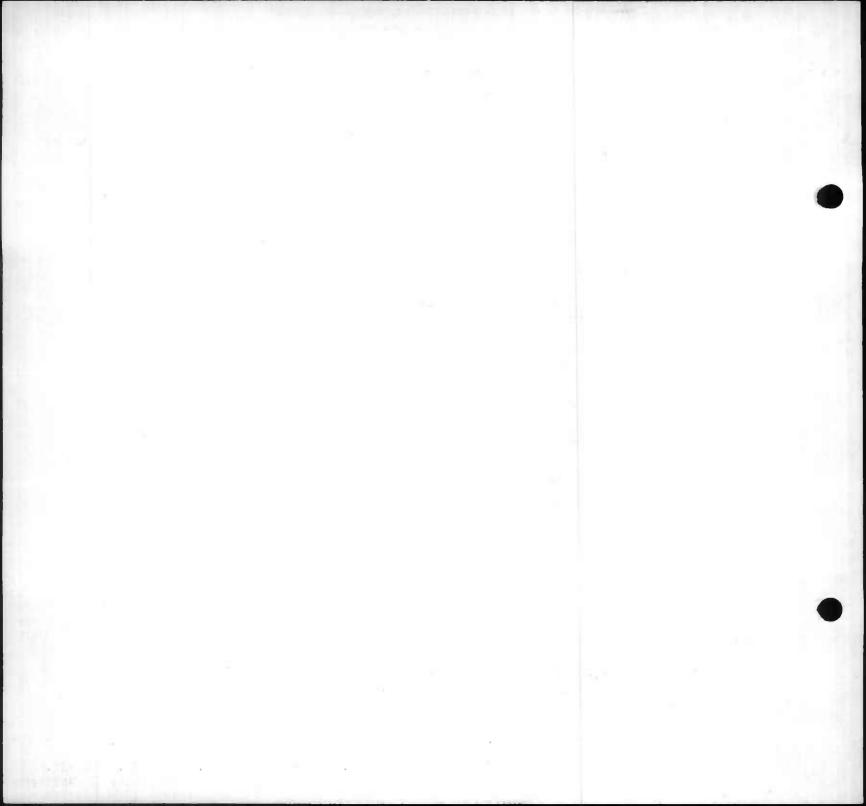


1	00 11200	BALTIMORE CITY HEALTH DEPARTA		00 44000
		CERTIFICATE OF DEA	TH Registered No	66 11868
	M.E. CASE NO.  1. NAME OF DECEASED	i i	DATE AND HOUR OF DEATH	1 110
		RYLEE	11/24 1961	5 / 1 7 KM.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE	CE (Where deceased lived, If institu B. COUNTY	ution; residence before admission)
	FULL NAME OF (If not in hospital or institution, give s'		WD	
	INSTITUTION	C. CITY OR TOWN	(If outside city limits, write RUR	AL and give township)
4	FUNION MEMBRI	A COS PINASTREET ADDRES	S (If rurol, give location)	0.1
		206		OHD GHO
BBE	5. SEX 6. RACE 7. MARRIED, NEVE WIDOWED, DIV	R MARRIED ORCED (specify)  B. DATE OF BIRTH	9. AGE (In years I lost birthdoy) N	f Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
IS II	MARR	(IED 12/12)	36 79	
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI done during most of working life, even if retired)	A .4		2. CITIZEN OF WHAT COUNTRY?
disposition	RETIRED.	14. MOTHER'S MAI	YLAND	U.S.H.
00	13. FATHER'S NAME	14. MOTHERS MAI		
SIB	LEVIN DASHIEL		THA WH	ADDRESS 2
		ECURITY NO.	201/0	206 HAWTHORE RO
Tindi	No 2.	16-32-55/4 11RS. JA	RAH L. WASHIELD	- ROLAND BAR
0	18. 4-9/	CAUSE OF DEATH		ONSET AND DEATH
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(a) Branchapen	an Manke	
palmed	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO		AA
npo	injury ar camplication which caused death.)			
E B	ANTECEDENT CAUSES	(B)DUE TO	989000000000000000000000000000000000000	
are	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)		2/11/
	UNDERLYING CONDITION last.			
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
10	TO THE DEATH BUT NOT RELATED TO THE			
the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	0.	Yes or No. 20B. IF YES, WERE FIN	DINGS CONSIDERED
10	H 1	CE OF INJURY (e.g., in or obout 27C. WHEI	· UES	ity, give exact location)
before	OR CONTRIBUTING CAUSE OF home, for	m, foctory, street, office bldg., INJURY O	C CU R?	my, give exoci locollolli
		JRY OCCURRED 21F. HOW	DID INJURY OCCUR?	
ained	While At	Not While		
pta	22. I certify that (I) (this hospital) attended the de	At Work	1966 10	124 1966.
0	that (1) (we) last saw the deceased alive an	31 1 1 1 1	ond that in(my) (our) apinio	
Pe	and hour and from the causes stated above. (1) (We		*	
must	23A. SIGNATURE			B. DATE SIGNED
E	reldukit, Kl	M.D. Attending Med	Stoff Phys.	11/2-166
approval	23 C. PHYSICIAM'S NAME (Type)	23D. ADDRESS		
pr	M. PETURSSON	M.D. 411108	1 MEMORI	AL HOSPITA
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specily)	of CEMETERY OF CREMATORY	24D. LOCATION (City,	town, or county) (State)
written	BURIAL 11-28-66 ULD	GREEN HILL (EM	1. WHITE HAVEN	1/10.
rit	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	GISTRAR 25C. FUNERAL	DIRECTOR R	12/3 ST. PAUL ST.
>	200 00 1000 A A	talkerta Wm. C	1001 - 1200K3 fr	C. BALTO. MO.



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

00 44000		HEALTH DEPARTMENT		66 11869
BIRTH NO. 66 11869	CERTIFICA	TE OF DEATH	Registered Na	00 11003
M.E. CASE NO.  1. NAME OF OECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print) CARR MAR	4 Elizabeth	//.	- 27-66	1 1. a.m.
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If ins	titution: residence before odmission)
FULL NAME OF (If not in haspital ar ins	tilution give street	Md.		
HOSPITAL OR oddress or location)	monton, give sneer	C. CITY OR TOWN (If outsi	ide city limits, write RU	JRAL and give townshipt
34		Baltimor.	€	13 mm 8 f
72 0 11	. / /	D. STREET ADDRESS (If IN	orol, give location	3 00
DON SECOURS HO	spital	823 Yowe	2RS ST.	
	ARRIED, NEVER MARRIED (IDOWED, DIVORCED (specify)		. AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
F W	WIDOW	12125 194	7/	
10A, USUAL OCCUPATION (Give kind of work 10B, \$   done during most of working life, even if retired)		11. BIRTHPLACE (State or fareign	,	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Daltimore	, Maryland	U.S.A.
13. FATHERS NAME		14. MOTHERS MAIDEN NAM	E	
Kennedy Dennis		O CONNOR	Mary	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give wor or dotes of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADORESS
No	212-12-6985D	Hamissia	on! Sh	opt
1B. /	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	.Υ	+ 1 1.	0 1 +	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying	(A) CC	ele processaia	I mparcle	90
heart failure, asthenia, etc. II means the c injury or camplication which caused death	disease,	0		
ANTECEDENT CAUSES	BIDEGEN	erative Cardio	vascular	
DISEASES OR CONDITIONS, if any,	OUE TO		disease	
rise to the above cause (A) stati			***************************************	
UNDERLYING CONDITION fost.				
OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING			
TO THE DEATH BUT NOT RELATED OISEASE OR CONDITION CAUSING IT.				
OTHER SIGNIFICANT CONDITIONS CONTENTS TO THE DEATH BUT NOT RELATED OISEASE OR CONDITION CAUSING IT.  199. DATE OF OPERATION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	INDINGS CONSIDERED
E O				
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, larm, factory, street, a	n or about 21C. WHERE DID lfice bldg., INJURY OCCUR?	()f in Baltimore	City, give exact tocotion)
DEATH (notify medical examiner	etc.t			
21 D. TIME (Month) (Doyl (Year) (Ho		21F. HOW DIO INJU	RY OCCUR?	
(APPROX)	While At Not While Work At Work	e		, ,
22. I certify that (I) (this haspital) atte	,	NOV. 1, 1, 19	00	
that (1) (we) last saw the deceased ali	ive an NOV 27	19 <u>5 6</u> and tha	t in(my) (our) apin	ian death accurred an the date
and haur and fram the causes stated a	bave. (1) (We) (dld) (did nat)	riew the bady after death.		
23A. SIGNATURE	1) 00			23B, DATE SIGNED
nambo	thering Phy		Stoff Phys. X	Nov. 27,1966
23C. PHYSICIAN'S NAME (Type)	1 1/2/10	23D. ADDRESS	1.	1 + 0
NAM DOT	1 ANG M.O.	1200 Secon	rs Hosp	ulal
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CR		0	y, town, or county) (Stotet
Burial 11-30-1966	St. Joseph's Cem		xas, Baltimo	ore Co., Maryland
	NAME OF REGISTRAR	Wm. Cook-Brook	s. Inc. 12	17 St. Paul St.
NOV 28 1966 1	Cat & Falleyma	3 32301		ltimore 2, Maryland
VS 150-REV 1/17/55				



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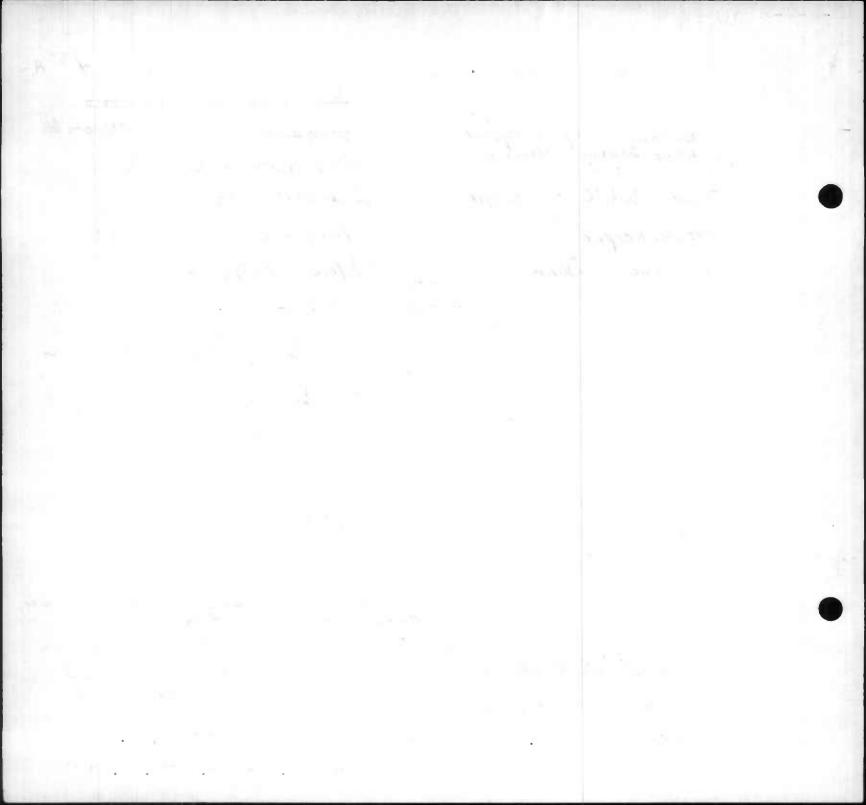
D.O.A.

Was

eceased

shows: (1)

BALTIMORE CITY HEALTH DEPARTMENT Registered Na.. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Worline MAYLAND November 26, 1966 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STAT Mary landounty xBaltimare FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR address or location) (If autside city limits, write RURAL and give township) INSTITUTION (If rural, give lacotion) Eastern 306 imore Maryland 21206 MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) Female Single 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF done during most of working lite, even if retired) WHAT COUNTRY? House Keeper. 4.5 Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Worline Alherine 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL3074 ADDRESS (Yes, no ar unknown) (If yes, give war ar dates of service) 217-36-733 21224 Records: BCH-4940 Eastern Avenue NO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made al dying, e.g., heart failure, asthenio, etc. It meons the diseose, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If in Boltimare City, give exact location) DEATH (natify medical examiner) etc.) MEDI 21 D. TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At [ Nat While [ (APPROX.) Wark At Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) let last saw the deceased alive an and that in (hy) (our) opinion death accurred on the date and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED M.D. Attending [ Phys. Director Eggtern Avenue, Baltimore. NAME (Type) BURIAL CREMATION. 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify) Baltimore. Md. Burial 11/29/66. Holy Redeemer Cemetery 1258. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214 VS 150-REV. 1/1/65



attendance on the

a hospital

Such

death.

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prior

CERTIFICATION

MEDI

	HEALTH DEPARTMENT	66 11871
BRTH NO. 66 11871 CERTIFICA	TE OF DEATH Registered No.	00 13072
1. NAME OF DECEASED (Type or Print) NOTO, FRANCES C.	2. DATE AND HOUR OF DEATH	14:50 M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION  HATTER AND HOSPITAL OR (If not in hospital or institution, give street oddress or location)  HATTER AND HOSPITAL OR (If not in hospital or institution, give street oddress or location)  HATTER AND HOSPITAL OR (If not in hospital or institution, give street oddress or location)  HATTER AND HOSPITAL OR (If not in hospital or institution, give street oddress or location)	A. USUAL RESIDENCE (Where deceased lived. If institution A. STATE  B. COUNTY  MARYLAND  C. CITY OR TOWN (If outside city limits, write RURA  DALTIMORY  D. STREET ADDRESS (If rurol, give locotion)  3338  CHESTERFIELD	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MARRIED	JUNE 1, MIXING (EXXXX 63)	Under 1 Yr. If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)  HOUSE WIFE (Seamstress) Worsted-Tex (		C. CITIZEN OF WHAT COUNTRY?
PETE ROGGIO	14. MOTHERS MAIDEN NAME Rose RIC	hildi
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  NO 214-14-3906	Mr. Frank C. Noto	(Same)
heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	TESTINAL OBSTRUCTION	INTERVAL BETWEEN ONSET AND DEATH  IMMEDIATE  5 DAYS
ANTECEDENT CAUSES (B)		

OR CONDITIONS, if ony, giving la the obave cause (A) stoling the UNDERLYING CONDITION lost.

10 Perstoneal adherians

City, give exact location)

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No)

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner 21 D. TIME 21 E. INJURY OCCURRED (Month) (Dov) (Yeor) (Hour)

21 F. HOW DID INJURY OCCUR?

OF INJURY White At (APPROX.) Work 22. I certify that (I) (this hospital) attended the deceased fram

Not While At Work

218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID

NOV 19 and that in(my) (aur) apinian death accurred an the date

Boltimore

NOV 19 6 6 that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.

Attending Phys.

23B. DATE SIGNED

IMBERLY.

CHASE ST BALTIMORE

E 24A. BURIAL CREMATION, REMOVAL (Specify)

Holy Redeemer Cemetery

24D. LOCATION

Baltimore, Md.

25B. NAME OF REGISTRAR

Leonard J. Ruck Inc. Balto. Md. 21214

VS 150-REV. 1/1/65

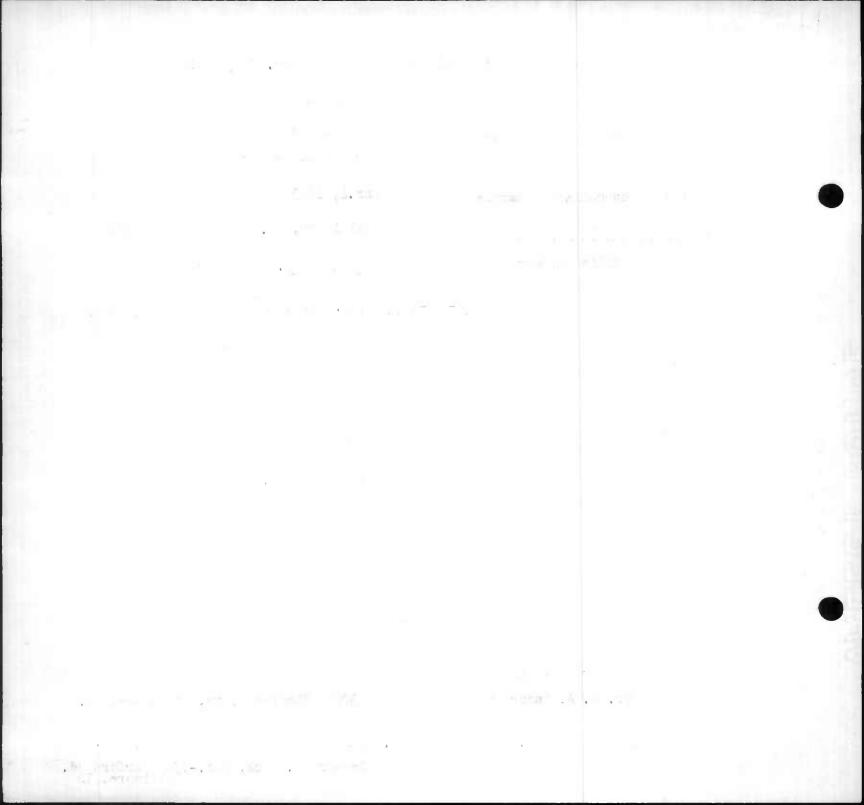
23A. SIGNATURE

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	2
written approval must be obtained before the remains are embalmed or final disposition is made.	

BALTIMORE CITY HEALTH DEPARTMENT 66 11872 Registered Na. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) GROVER CLEVELAND HINKTE Nov. 27, 1966 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission A. STATE B. COUNTY Maryland (If not in haspital or institution, give street FULL NAME OF HOSPITAL OR address or lacotion) C. CITY OR TOWN (II outside city limits, write RURAL and give Jownship) INSTITUTION Baltimore 3037 Shannon Drive D. STREET ADDRESS (If rural, give lacation) 3037 Shannon Drive 5. SEX B. DATE OF BIRTH 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Il Under 24 Hrs. Manths Days WIDOWED, DIVORCED (specily) Hours last birthday) Mar.4, 1893 male caucasian married 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) Baltimore, Md. USA Retired ivil Service 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Hinkle Reinhart 15. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (II yes, give war ar dates of service) SECURITY NO. Kuth Hink NO -10-82 ame CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., hearl foilure, osthenio, etc. Il means the disease, injury at complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION last, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. WILLTOPSY7 (Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF hame, farm, factory, street, office bldg., INJURY OCCUR? AL DEATH (natify medical examiner) MEDIC 21D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Wark At Wark 22. I certify that (I) (this haspital) attended the deceased fram.... 24622 07-7-71966 .....and that in(my) (aur) apinian death accurred an the date that (I) (we) last saw the deceased alive an.... and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. M.D. Med. Staff Director ___ Phys. L. approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Dr. W. 3001 Shannon Drive, Baltimore, Md. M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (State) REMOVAL (Specify)

Burial 166. Moreland Mem. emeteru unore. Md. 25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc .- 5305 Harford Rd. VS 150-REV. 1/1/65



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written granny and the abtained he can a semaine are embalmed or final disnocition is made

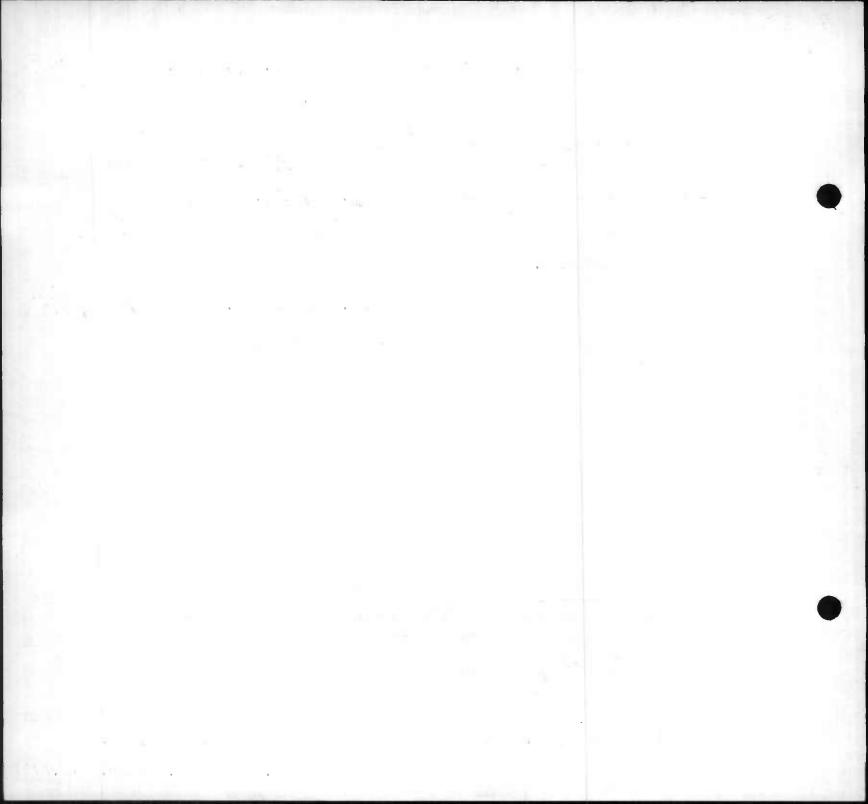
00 44 000	BALTIMORE CITY	HEALTH DEPARTMENT		00 41000
BIRTH NO. 66 11873	CERTIFICA	TE OF DEATH	Registered No.	66 11873
M.E. CASE NO.		2. DATE AN	D HOUR OF DEATH	
FRNEST V. ANDERS		11-2	4-66	11 40
PLACE OF DEATH IN BALTIMORE, MARYLAN			re deceased lived, tf in	nstitution; residence before admissio
FULL NAME OF (If not in hospital or insti HOSPITAL OR oddress or location)	lution, give street	C. CITY OF TOWN (IF out	side city limits, write	RURAL and give township)
LIL		BALTIMON.  D. STREET ADDRESS (IF		21-30
inion memorial Ho	· A The	2025 CRES		0 0
SEX 6. RACE 7. MA	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hi Months Days Haurs Min.
		11 20 00	last birthday)	Months Days Haurs Min.
DA. USUAL OCCUPATION (Give kind of work 10B, KI one during most of working lite, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State as fare		12. CITIZEN OF WHAT COUNTRY?
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Estate Broker	0 110		454
FATHER'S NAME		14. MOTHER'S MAIDEN NA		C 111
Thomas O.	Anderson	xiasyeo consumer	Lillian A.	omith .
s, Was Deceased Ever in U.S. Armed Forces? (es, no or unknawn) (It yes, give war or dates of se	rvice) 1 6. SOCIAL	17. INFORMANT		ADDRESS
,,,,,	218-03-3844	Mrs. Merle E. A	nderson	(Same)
18.4.20	CAUSE C	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	. e			ONSET AND DEATH
LEADING TO DEATH	(A) ACU	JE WYOCAND	INC INFAN	echinou
(This does not mean the mode of dying, healt failule, astheria, etc. It means the di injuly of complication which caused death.	sease,			
ANTECEDENT CAUSES	(B) Pu (	monay RO	EMM	
DISEASES OR CONDITIONS, if ony,		(		
use Ia the above cause (A) stating	g the (C)		000000000000000000000000000000000000000	··········
ONDERCTING CONDITION 1881.				
OTHER SIGNIFICANT CONDITIONS CONTRI	RIITING			
O THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	TO THE			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORME	D	No	IN CERTIFYING CA	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o		(II in Boltimor	re City, give exact location)
DEATH (notify medical examiner)				
OF INJURY	White At Not Whi	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	Work At Work			
22. I certify that (1) (this haspital) ofter	nded the deceased from	11-24	19 66 to	11 -24 19 66
that (1) (we) lost saw the deceased aliv	e on 1/-2c/			
ond hour and from the couses stoted ob				
23A. SIGNATURE	ove. (1) (we) (did) (did fier)	view the body offer deoth.		23 B, DATE SIGNED
b w	M.D. Att	ending Med.	Stoff	
Janua & - Frekl	Clina Phy	vs. Director	Phys.	11-24-86
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Samuel C. Gre	esham M.D.	Union	Memorial Ho	spital
4A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or CR	EMATORY 24D. L	OCATION	City, town, or county) (Stote)
Burial 11/28/66.	Parkwood Cemete	ry	Balt	timore, Md.
and the state of t	AME OF REGISTRAN	25C. FUNERAL DIRECTOR		ADDRESS
NOV 28 1966 (2.2)	at E. Jarber M.A.			Ito Md 2121/

VS 150-REV. 1/1/65

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	BALTIMORE CITY	HEALTH DEPARTMENT		66 11874
BIRTH NO. 66 11874	CERTIFICA	TE OF DEATH	Registered Na.	00 11074
M.E. CASE NO.  1. NAME OF OECEASED (Type or Print)	1 1	2. DATE AN	D HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE MARYLAND	Anderson	Nov.	27, 1966.	n stitution: residence before admission)
3. PLACE OF BEATH IN BALTIMORE, MARTLAND		A. STATE M B. COUN	TY	nstitution: residence before admission)
FULL NAME OF (If not in haspital or institu HOSPITAL OR oddress or location)	tion, give street	C. CITY OR TOWN (If out	eide city limite write	RURAL and give township)
INSTITUTION	A1 • 11		Baltimore	
Harford Garden	s Nursing Home		rurol, give location)	Λ
10		5920		
Female White Will		Dec. 12,1874.	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Ooys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done dyring most of working, life, even if refired)	O OF BUSINESS OR INOUSTRY	1 1	gn country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland		USH
Joseph J. E	tzel	14. MOTHER'S MAIDEN NAM	Minnie L	lietz
15, Was Deceosed Ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		, 5705 Leith
No		Mrs. Margaret	A. Brann	rock, Walk #12
18.4.22/1	CAUSE O	DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	And	enjo-scleratic Can	rdra Vasa In I	Discon Lugar
(This does not mean the mode of dying,	e.g.,	67/0 001670770		<i>p</i> -w
heort failure, osthenia, etc. It meons the dis injury ar complication which caused death.)	eose,			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, g	All Control of the Co			
UNDERLYING CONDITION last.	the (C)			
7				
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
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U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in		(If in Boltimor	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of etc.)	fice bidg., INJURT OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	- 1
S OF INJURY (APPROX.)	While At Not While At Work			
22. I certify that (I) (this hospital) attend			19 6 to	Nov. 27 1966.
that (1) (we), last saw the deceased alive	an Novemba	16 19 66 ond th	at in (my) ( <del>bor)</del> api	inion death occurred on the date
and haur and from the causes stated oba	ve. (1) (Wa) (did) ( <del>did not</del> ) v	iew the bady after death.		
23A. SIGNATURE 227				23B, DATE SIGNED
Loy // Som	Phy:		Staff Phys.	Nov. 28,66
PAME (Type) Loy M.	Zimmerman M.D.	3202 Har	Fond Rd ,	Baltimore, Md
23C. PHYSTCIAN'S NAME (Type)  24A. BURIAL CREMATION, 44B. PATE  25A. BURIAL CREMATION, 44B. PATE  25A. BURIAL CREMATION, 44B. PATE  25A. BURIAL CREMATION, 44B. PATE	C. NAME OF CEMETERY OF CRE	MATORY 24D. L	OCATION (C	ity, town, or county) (Stote)
Burial 12/1/66.	Holy Redeemer	Cemetery	Baltimo	re, Md.
25A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
NOV 28 1966 12 0	BE FarleyMA	Leonard J.	Kuck Inc.	Balto. Md.2121
VS 150-REV. 1/1/85				



Such

death.

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00 44000	BALTIMORE CITY HEALTH DEPARTMENT
66 11875	

Registered No.	66	11875
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S. PLACE OF DEATH IN SALTIMORE, MARILAND  S. PLACE OF DEATH IN SALTIMORE, MARILAND  FULL NAME OF MOSPITAL OR (If not in hospied or institution, give sheet of MOSPITAL OR (If not in hospied or institution, give sheet of MOSPITAL OR (If not in hospied or institution, give sheet of MOSPITAL OR (If not in hospied or institution, give sheet of MOSPITAL OR (If not in hospied or institution, give sheet of MOSPITAL OR (If not in hospied or institution, give sheet of MOSPITAL OR (If not in hospied or institution, give sheet of MOSPITAL OR (If not in hospied or institution, give sheet of NOSPITAL OR (If not in hospied or institution, give sheet of NOSPITAL OR (If not in hospied or institution, give sheet of NOSPITAL OR (If not in hospied or institution, give sheet of NOSPITAL OR (If not in hospied or institution, give sheet of NOSPITAL OR (If not in hospied or institution, give sheet of NOSPITAL OR (If not in hospied or institution, give sheet of NOSPITAL OR (If not in hospied or institution, give sheet of NOSPITAL OR (If not in hospied or institution, give sheet of NOSPITAL OR (If not in hospied or institution, give sheet of NOSPITAL OR (If not in hospied or institution, give sheet of NOSPITAL OR (If not in hospied or institution, give sheet of NOSPITAL OR (If not in hospied or institution, give sheet of NOSPITAL OR (If not inst	ype or Print)	EASED	Tyron			ND HOUR OF DEATH	46
FULL NAME OF INTERIOR OF INTERIOR OF INSTITUTION ON CONTRIBUTION OF INTERIOR O							12~ A
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MOSTIAL OR MONTH ALOR Oddess or location)  Wind Home Home Home Home Home Home Home Home	FULL NAME O	F (If not in hospital	or institution, o	uve street	Maryland		
Uplands Home    1501 Old Frederick Road	HOSPITAL OR	oddress or location	1)	ave silver		itside city limits, write	RURAL ond give (township)
SEX   S. AACE   J. MARRIED   MILE   WILDOWS   SEX   S. AACE   J. MARRIED   MILE   WILDOWS   SEX   S. AACE   J. MARRIED   MILE   WILDOWS   MILE   MARRIED		landa Ua			Baltimore	d	8-04
SEX A. SACE 7. MARRIED, NEVER MARRIED WIDOWED DIVORCED Ispecity Windowed Developed Divorced Ispecity Dec. 5, 1882 83   Il Under Iv. Months: Doys Hours Windowed Dec. 5, 1882 83   Il Under Iv. Months: Doys Hours Windowed Dec. 5, 1882 83   Il Under Iv. Months: Doys Hours Windowed Dec. 5, 1882 83   Il Under Iv. Months: Doys Hours Windowed Dec. 5, 1882 83   Il Under Iv. Months: Doys Hours Windows Months: Doys	/ / /			,	D. STREET ADDRESS (If	rurol, give location)	V
Female White Wildowed Open Specify Dec. 5, 1882 on with the Dec. 5, 188	一人	I timore Mary	lek Koac	21 220	4501 Old Fre	ederick Road	29
Dec. 5, 1882 83  20. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY  HOMEMAKET  3. FATHERS NAME  DePasguale  S. Will Deceased Sever in U. S. Armed Fance of Service)  Description of worknown (Iff yes, give work of doles of service)  Description of unknown (Iff yes, give work of doles of service)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., injury of complication which caused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if ony, giving itse to the obove cause (A) stating the UNDERLYING CONDITION SCONTRIBUTING TO THE DEATH BUT OF RELATED TO THE DEATH BUT OF RELATED TO THE DISEASE OR CONDITION AUSING IT.  10. THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  11. THE SIGNIFICANT CONDITION SCONTRIBUTING TO REPORT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  11. THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  12. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH?  22. A ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH?  22. A ACCIDENT WAS UNDERLYING TO CHAPTED TO THE DISEASE OR CONDITION CAUSING IT.  22. I certify that (I) (this hospital) of tended the deceased of live on only while At Work  22. I certify that (I) (this hospital) of tended the deceased of live on only while May ofter death.  23. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. INTERVAL BETWEEN MARKET NAME  16. SOCIAL SCIUNT NAME  17. INFORMANT  325 Maryland ADDRESS  18. FLAT TO RELATED TO THE CAUSE OF DEATH  18. FLAT TO RELATED TO THE DISEASE OF CONDITION CAUSING IT.  19. DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NAME TO THE THE TOWN TO THE THE TOWN TO THE THE TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN		6. RACE	7. MARRIED,			9. AGE (In yeors	If Under 1 Yr., If Under 24 Hr.
Laston, Md.   Laston, Md.			Wic	dowed		83	
Homemaker  DePasguale  Was Deceased for in U. S. Amad Forcet?  es, no of unknown of the yes, give wor or doles of service)  Disease or condition directly LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, only or complication which caused death)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if any, giving isse to the obove cause (A) stating the UNDERTING CONDITION lost.  OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDERTING CONDITION FOR WHICH OPERATION  WAS PERFORMED  20 A. AUTOPSY? (Yes or No) 20 R. IF YES, WERE FINDINGS CONSIDERED IN JURY (Cause of Death)  NOT THE DEATH BUT NOT RELATED TO THE DEATH MORE WAS UNDERTING CONDITION FOR WHICH OPERATION  WAS PERFORMED  21 A. ACCIDENT WAS UNDERTING CONDITION FOR WHICH OPERATION  WAS PERFORMED  21 A. ACCIDENT WAS UNDERTING CONDITION FOR WHICH OPERATION  WAS PERFORMED  21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY (Cause of Month) (Doy) (Year) (Hour) 21 E. INJURY (Cause of Month) (Doy) (Year) (Hour) 21 E. INJURY (Cause of Month) (Doy) (Year) (Hour) 21 E. INJURY (Cause of Month) (Doy) (Year) (Hour) 21 E. INJURY (Cause of Month) (Doy) (Year) (Hour) 21 E. INJURY (Cause of Month) (Doy) (Year) (Hour) 21 E. INJURY (Cause of Month) (Doy) (Year) (Hour) 21 E. INJURY (Cause of Month) (Doy) (Year) (Hour) 21 E. INJURY (Cause of Month) (Doy) (Year) (Hour) (Month) (Month) (Doy) (Year) (Hour) (Month) (Mo			10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
DePasguale  14. MOTHERS MAIDEN NAME  DePasguale  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. SECURITY NO.  18. SECURITY NO.  18. SECURITY NO.  19. Edgar Lyon Glen Burnie, Maryland Avenue  Glen Burnie, Maryland  Note of Death  (This does not meen the mode of dying, e.g., heart failure), Oster and Death  (This does not meen the mode of dying, e.g., heart failure), Oster and Death  (This does not meen the mode of dying, e.g., heart failure), Oster and Death  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if any, giving size to the does cause (A) stating the UNDERLYING CONDITION Is and the obove cause (A) stating the UNDERLYING CONDITION CAUSEO IT.  19. ACIDENT WAS UNDERLYING TO THE DISEASE OR CONDITION CAUSEO IT.  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, forchry, street office bidg., INJURY OCCUR?  21D. TIME (Month) (Doy) (Yea) (Hour 21E. INJURY OCCURRED CONTRIBUTING CAUSE OF DEATH?  22C. I certify that (I) (this hospital) ottended the deceased from OR 19 CF. To Mark Cause of the dotter of the dotter dotter of the					Easton Md		
Swas Deceased Ever in U. S. Armed Forces?  es, no or unknown liff yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  Mr. Edgar Lyon Glen Burnie, Maryland ADDRESS  Mr. Edgar Lyon Glen Burnie, Maryland  18.						ME	
SECURITY NO.   SECURITY NO.   SECURITY NO.   SECURITY NO.   SECURITY NO.   Mr. Edgar Lyon   Glen Burnie, Maryland   Mar		DePa	asguale				
CAUSE OF DEATH   Charles of Condition Directly Leading to Death   Charles of Death   Charles of Death   Charles of Death   Cause of Death   Charles of Death   Char					17. INFORMANT	325 Mam	ADDRESS
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the made of dying, e.g., heort failure, ostheria, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if any, giving itse to the obove cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING AUSS OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bolkimore City, give exact locohen) home, form, foctory, street, office bidg., INJURY OCCUR?  DEATH Incity medical examine)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED While AI Work AI Work AI Work AI Work AI Work OF INJURY (o.g., on ond that in (my) (our) opinion death occurred on ond hour and from the causes stated above. (1) (We) (did) (did mea) view the body ofter death.	19	· ·		CAUSE		Greu par	
Candidate   Cand	1 - 1	21		CAUSE U	LO to	than & Fri lu	ONSET AND DEATH
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heort failure, ostheria, etc. It means the disease, injury or complication which caused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving isse ta the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH froity medical examines)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?  OR CONTRIBUTING CAUSE OF DEATH froity medical examines)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work  22D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED Work At Work At Work On the order of the deceased of the order o			dvina ea	(A)	excelled be	sufficered	Gudual
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DISEASES OR CONDITIONS, if any, giving tise In the obove cause (A) staling the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  21A. ACCIDENT WAS UNDERLYING ON CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING ON CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING ON CAUSE OF LOOK Home, form, foctory, street, office bldg., INJURY OCCUR?  DEATH Inotify medical examines)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED White At Work  At Work  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 24 to 19  that (1) (we) lost sow the deceased clive on 19  and hour and from the causes stoted above. (1) (We) (did) (did not) view the body ofter death.	injuly of com	aplication which caused	death.)	uu	illo - rellias	ie i	
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UNDERLYING CONDITION last.    Content significant conditions contributing to the Death but not related to the Disease or condition coulsing it.    Condition coulsing it.   Condition coulsing it.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  218. PLACE OF INJURY (e.g., in or obout 21°C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  210. TIME OF INJURY (APPROX.)  211. To this hospital) ottended the deceased from OF INJURY OCCUR?  212. I certify that (1) (this hospital) ottended the deceased from OF INJURY OCCUR?  213. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  214. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Home, form, foctory, street, office bidg., INJURY OCCUR?  While At Not While At Work  215. HOW DID INJURY OCCUR?  While At Work  196. ond that in(my) (our) opinion death occurred on ond hour and from the causes stoted above. (1) (We) (did) (did not) view the body ofter death.			slaling lhe	(C)		**	
19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF  DEATH fnotify medicol exomines)  21B. PLACE OF INJURY (e.g., in or obout location)  Nor Contribution Modern form the couses stoted above. (1) (We) (did) (did not)  21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY (e.g., in or obout location)  21C. WHERE DID  (If in Baltimore City, give exact location)  (If in Baltimore City, give exact							
19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH fnotify medicol exominet)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID Not CERTIFYING CAUSES OF DEATH?  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURRED While At Work  21F. HOW DID INJURY OCCUR?  While At Work  22. I certify that (I) (this haspital) ottended the deceased from Old ond that in(my) (aur) opinion death occurred on ond hour and from the causes stated above. (I) (We) (did) (did not) view the body ofter death.	OTHER SIGNI	EATH BUT NOT RELA	TED TO THE				
21A. ACCIDENT WAS UNDERLYING   21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (notify medicol exomine)   21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (notify medicol exomine)   21B. PLACE OF INJURY (office bidg., foctory, street, office bidg., INJURY OCCUR? etc.,)   NJURY OCCUR?   NJURY OCCUR?   While At   Not While   Not While   Not Work   Not While   Not Work   Not Work	19A. DATE OF	OPERATION 198. CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No	o) 20B. IF YES, WERE	FINDINGS CONSIDERED
271A. ACCIDENT WAS UNDERLYING   CAUSE OF   121E. PLACE OF INJURY (e.g., in or obout 21.C. WHERE DID   (If in Baltimore City, give exact location)   121E. PLACE OF INJURY (e.g., in or obout 21.C. WHERE DID   (If in Baltimore City, give exact location)   121E. PLACE OF INJURY (e.g., in or obout 21.C. WHERE DID   (If in Baltimore City, give exact location)   121E. PLACE OF INJURY OCCUR?   (If in Baltimore City, give exact location)   121E. PLACE OF INJURY OCCUR?   (If in Baltimore City, give exact location)   121E. PLACE OF INJURY OCCUR?   (If in Baltimore City, give exact location)   121E. PLACE OF INJURY OCCUR?   (If in Baltimore City, give exact location)   121E. PLACE OF INJURY OCCUR?   (If in Baltimore City, give exact location)   121E. PLACE OF INJURY OCCUR?   (If in Baltimore City, give exact location)   121E. PLACE OF INJURY OCCUR?   (If in Baltimore City, give exact location)   121E. PLACE OF INJURY OCCUR?   (If in Baltimore City, give exact location)   121E. PLACE OF INJURY OCCUR?   (If in Baltimore City, give exact location)   121E. PLACE OF INJURY OCCUR?   (If in Baltimore City, give exact location)   121E. PLACE OF INJURY OCCUR?   (If in Baltimore City, give exact location)   121E. PLACE OF INJURY OCCUR?   (If in Baltimore City, give exact location)   121E. PLACE OF INJURY OCCUR?   (If in Baltimore City, give exact location)   121E. PLACE OF INJURY OCCUR?   (If in Baltimore City, give exact location)   121E. PLACE OF INJURY OCCUR?   (If in Baltimore City, give exact location)   121E. PLACE OF INJURY OCCUR?   (If in Baltimore City, give exact location)   (If in Baltimore City, give exact location		WAS PERF	FORMED		-	IN CERTIFYING CA	USES OF DEATH?
OF INJURY (APPROX.)  While At Not While At Not While At Work  22. I certify that (I) (this haspital) attended the deceased from OP 1964 to 197 197  that (I) (we) lost sow the deceased alive on 1966 and that in(my) (ear) opinion death occurred on and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.	OR CONTRIBL	JTING CAUSE OF	hom	e, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Baltimor	e City, give exact locotion)
(APPROX.)  While At Work  At Work  22. I certify that (I) (this haspital) attended the deceased from OP 1964 to 1965 that (I) (we) lost sow the deceased alive on OP 24 1966 and that in(my) (ewr) opinion death occurred on and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.		(Month) (Doy) (Yeoi)	(Hous) 21 £	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
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ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	22. I certify	that (1) (t <del>his hospital</del>	) ottended th	ne deceased from	be f	1964 10 /	ar 26 1966
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23A, SIGNATURE 23B, DATE SIGNED		6-1	1)				23B, DATE SIGNED
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Phys. Director Phys.   /- 26-	Z3M, 3IGNATU		1 Ruch	Dely Phy	s. Director	Phys.	111-16-66
23C. PHYSICIAN'S NAME (Type)		01100	100	1.	22D ADDRESS		
M.D.	23C. PHYSICIA		100		23 D. ADDRESS		

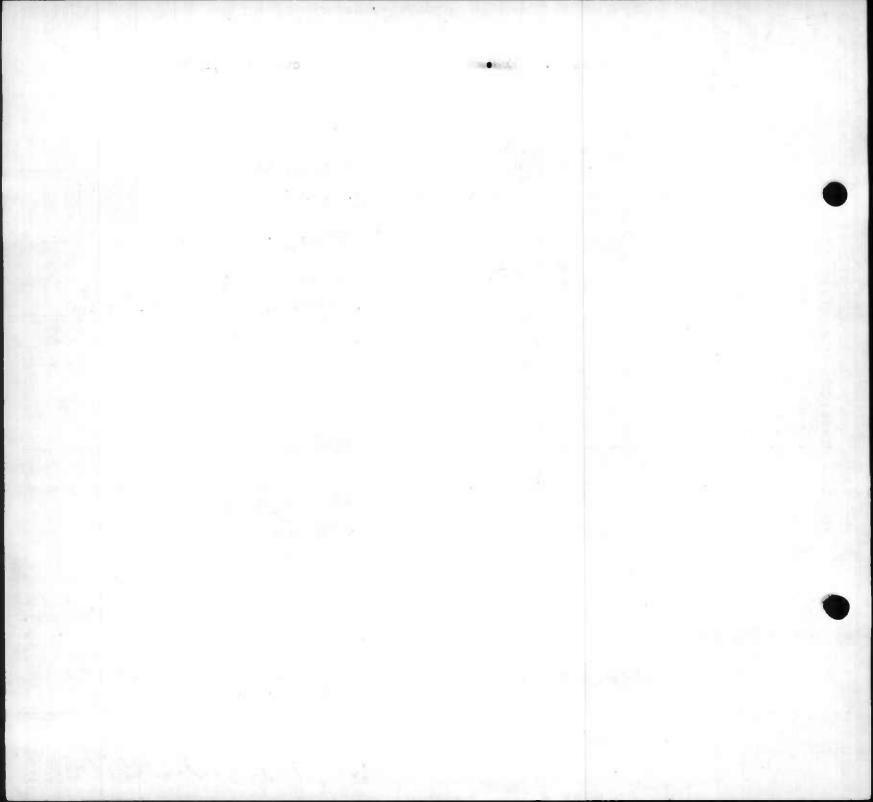
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Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF

25C. FUNERAL DIRECTOR

Bulley,



23C. NAME of CEMETERY or CREMATORY

Green Mount Crematory

Charles S. Springate, M.D.

248, NAME OF REGISTRAR

EXAMINER'S

NAME (Type)
23A. BURIAL CREMATION.

24A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

Cremation

23B. DATE

11/28/1966

November 25, 1966

(Stotel

(City, town, or county)

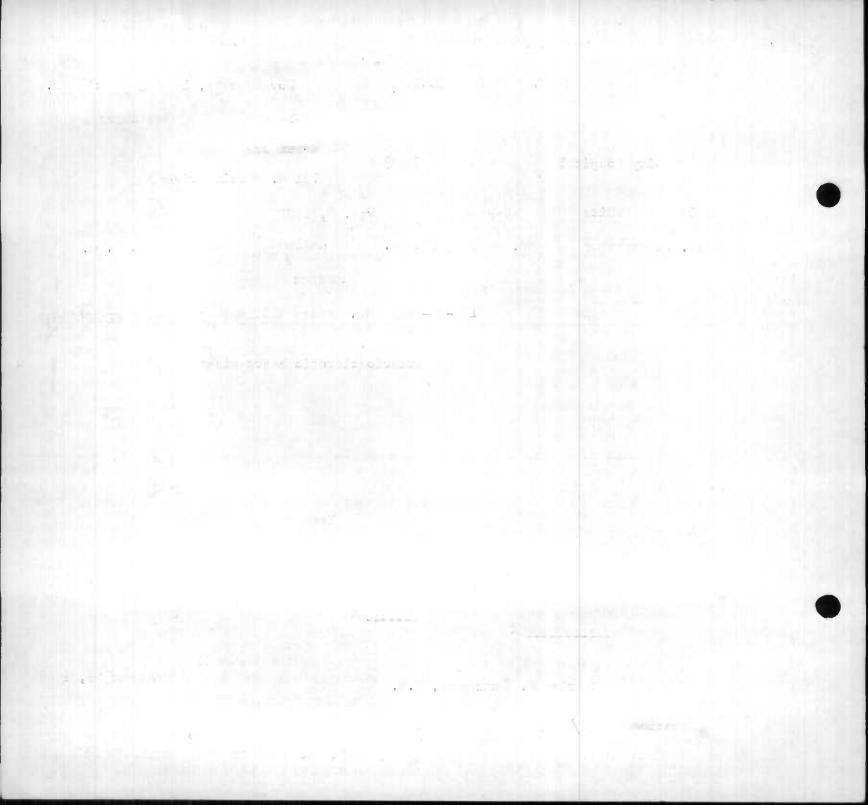
Baltimore, Maryland

Wm. J. Ticker and Sons. North and

ASSOCIATE MEDICAL EXAMINER

23D. LOCATION

Pennsylvania Avenues

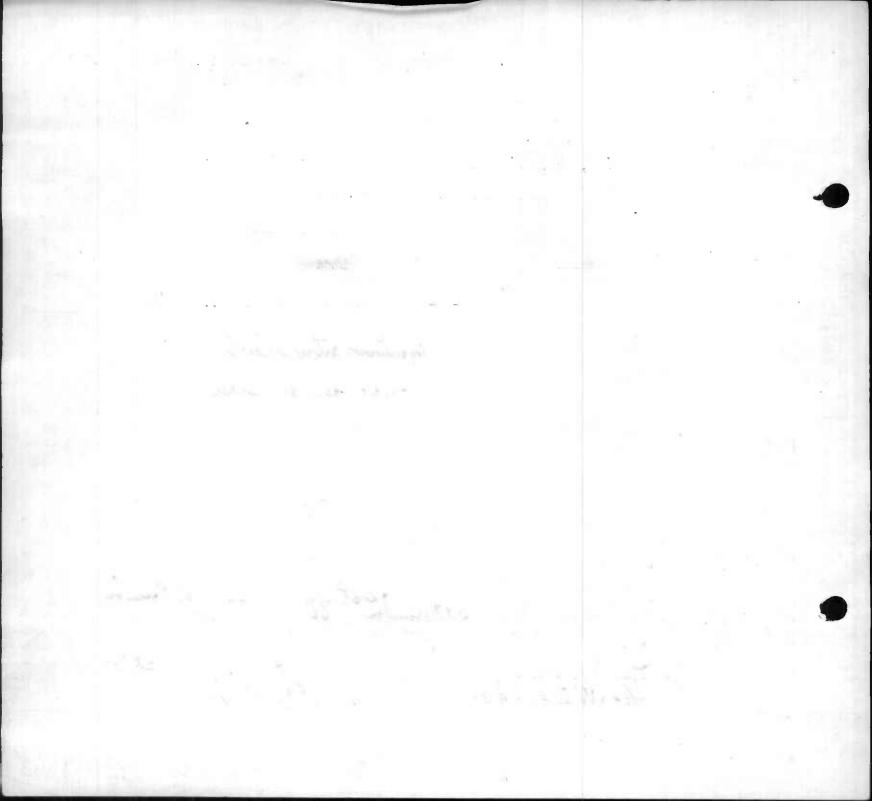


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FUNERAL DIRECTOR: IMPORTANT	OA	9 6	regular attendance on the deceased pr
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	nust be approved by the chief medical examiner or his assistant if death occurred in a hospital and leased to the hospital by a medical examiner. Also, if the direct or contributing cause of death	cident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	o death); and (6) No physician was in regular attendance on the deceased prior to death. Such
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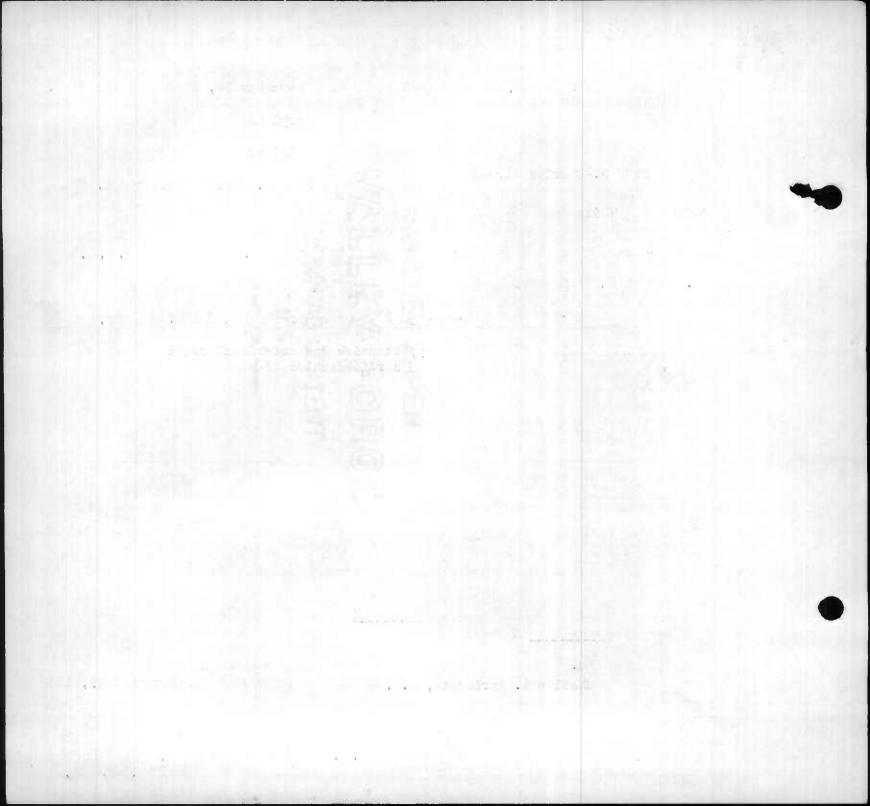
NOV 28 1966

	RTH NO. CERTIFICATE OF DEATH Registered No. 66 11877								
M.E. CAS		1237	1877	CERTIFICA	ATE O		ND HOUR OF DEA	00	110//
ype or I		Margaret	G.	Megee			ember 26,		30
. PLACE	OF DEATH IN	BALTIMORE, MA	RYLAND		A. STATI			If institution:	residence before odmi
FULL I	IAME OF	(II not in hospital address or location	or institution,	give street	C. CITY	or town (if o	utside city limits, w	ite RURAL or	nd give township)
0		y Home, I	nc .			al timore		2/1-/	5
91						Pll W. Rog	iural, give location	21209	0
5. S EX	Balti	W. Rogers	yland	21209 NEVER MARRIED		OF BIRTH	9. AGE (In years		er 1 Yr., If Under 2
Fema	le V	White	WIDOWED	o, DIVORCED (specify)	Jan.	16, 1882	lost birthdoyl	Months	Days Hours A
		ON (Give kind of work g life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTR		oming, Del		12. CII	TIZEN OF HAT COUNTRY?
3. FATHI	R'S NAME			_	14. MOT	HER'S MAIDEN NA	ME		
	Frank	Gemmill			1	Lida W	illiams		
5. Wos E Yes, no or	eceased Ever i unknown) (If ye	n U. S. Armed For s, give wor or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFO				ADDRESS
T				220-20-0177			me, Inc. R	ecords	
18.	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., head failure, asthenia, etc. 11 means the disease, injury at camplication which caused death.)  ANTECEDENT CAUSES  CAUSE OF DEATH  (A) Construction in the construction of the c								ONSET AND DEAT
hear	failure, asthe	ean the made af nia, etc. II means ian which caused CEDENT CAUSES	the disease, death.)	OUE FO	rdio a	ascular a	lisease		
rise	ta the abo	ONDITIONS, if ave cause (A) NDITION last.		DOE 10					
≥ TO	THE DEATH	II AT CONDITIONS C BUT NOT RELA DITION CAUSING	TED TO TH						
ISA.	DATE OF OPER	ATION 198. CON WAS PER	DITION FOR T	WHICH OPERATION	20A.	AUTOPSY? (Yes or h	101 20B. IF YES, WI	RE FINDING CAUSES OF	S CONSIDERED DEATH?
U 21 A.	ACCIDENT WAR ONTRIBUTING H (notify medic	AS UNDERLYING CAUSE OF	21B horr etc.	PLACE OF INJURY (e.g. ne, lorm, foctory, street,	, in or obout office bldg.,	21 C. WHERE DID INJURY OCCUR?	(If in Balt	more City, gi	ve exact locationt
OF II	JURY	ntht (Doyt (Year)		INJURY OCCURRED  ile At At Work		21F. HOW DID IN	JURY OCCUR?	0	0
	22. I certify that (I) (this hospital) attended the deceased from 2 September 19 66 that (I) (we) lost saw the deceased alive on 23 Noscules 19 66 and that in (my) foot) opinion death accurred on the day								
	A	the causes sto	ted obove. "	Y (We) (did) (did nat)	view the	body ofter deoth	•		
0	SIGNATURE	u N/Ja	mali	M.D. A	ttending	Med. Director	Stoff Phy s.		Nov 66
	HYSICIAN'S VAME Typet	HNWB.	ARNA	3 / M.C	10	316/bi	theline		
REA B	IAL CREMATIC IOVAL (Specify Urial	11/29/1	966	oudon Park Ce	eme terj	В	altimore,	(City, town, Marylar	nd
25A. DA	E REC'D BY H	EALTH DEPT.	25B. NAME	OF REGISTRAR	25C.	FUNERAL DIRECTO	R	7	ADDRESS (
	NOV	<b>28</b> 1966 <i>(</i> 1	20.5	E Starber MA	W	m.k. 14	Amer L	my	Junth 21

25C. FUNERAL DIRECTOR



1	66 11878 BALTIMORE CITY HEALTH DEPARTMENT 66	11878							
V-530	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.								
	1. NAME OF DECEASED  (Type or Print)  JOHN R. VAN DERBOGART  2. DATE AND HOUR PRONOUNCED DEAD NOVEMber 24, 1966	8:20 P.							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence has state mary land	e before odmission)							
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN (If outside approvote limits, write RURAL and general provided in the street of th	jive township)							
	D. STREET ADDRESS (If rurol, give locotion)  3908 N. Charles Street Apr	+ / _P							
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) 8. DATE OF BIRTH 9. AGE (In yeors lif Under 1 Months, Do)	Yr. If Under 24 Hrs.							
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN WHAT C	OF COUNTRY?							
	Retired-Executive Lumber Salisbury Md. U.S.	.A.							
	Rev. Alvin J. Vanderbogart    Margaret Jackson     15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL     (Yes, no or unknown), (If yes, give wor or doles of service)   SECURITY NO.								
	Yes WWII 221-09-3362 Lawrence Perin, 10 Light St								
		TERVAL BETWEEN NSET AND DEATH							
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	199. Date of operation 198. Condition for which operation Yes 198. The condition of the con	1?							
	21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location by the boltome, form, foctory, street, office bldg., INJURY OCCUR?  etc.)	on)							
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK								
	I certify that I held an Inquiry Inspection Autapsy X and that on this basis, death in my opinion								
	resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER   ACTUAL SIGNATURE CLASS S. M.D. ASSISTANT MEDICAL EXAMINER X	DATE SIGNED							
	EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER November	25, 1966							
	23A. BURIAL CREMATION, REMOVAL (Specify) Burial  23B. Date 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, of countermed) Salisbury.  Ma	ryland							
	24A. DATE REC'D BY HEALTH DEPT.  24B. NAME OF REGISTRAR  24C. FUNERAL DIRECTOR  H.W. Jenkins & Sons Co. 4905  Balto.12	York Road							



Such

		HEALTH DEPARTMENT		66 11879
BIRTH NO. 66 118	CERTIFICA	TE OF DEATH	Registered No.	00 110/3
M.E. CASE NO.	CERTIFICA	TE OF DEATH		//6
1, NAME OF DECEASED		2, DATE AND	HOUR OF DEATH	130
	. Cline		ber 23, 19	
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where A. STATE B. CDUNTY		itution: residence before odmission)
FULL NAME OF (If not in hospital HOSPITAL DR oddress or location	or instilution, give street	Maryland		
FRITTFICATE	MENDED	c. city or town (If outside Baltimore	de city limits, write KU	22/2
622 Deepden	e Road 12-8-6		ral, give location)	0113
00	12	622 Deepdene	- 0	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
F W	widowed, divorced (specify) Widowed	1/3/1882	84	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Baltimore D	- h	U.S.A.
13. FATHER'S NAME	0 1112 22-02/20	Baltimore, 1	E	O D III
William Gorman		Frances Anne	Evans	
15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give wor or dote	s of service) SECURITY NO.	17. INFORMANT		ADDRESS
No	SECORITI NO.	Mrs.Edwin W. A	Adams. Jr.	(Same)
18. 4 4001	CAUSE C	E-DEATH	0	INTERVAL BETWEEN
	ECTIV	2 1		ONSET AND DEATH
DISEASE OR CONDITION DIR	ECILY	O To	6	
	(A)	Mujer	70300	
(This does not meen the mode of heart failure, asthenia, etc. It means				
injury or complication which coused				
ANTECEDENT CAUSES	(B)			
	DUE TO			
DISEASES OR CONDITIONS, if				
rise to the obove couse (A) UNDERLYING CONDITION lost.	sloling the (C)			
11				
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TD THE			
19A. DATE OF OPERATION 19B. CON WAS PERI	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)

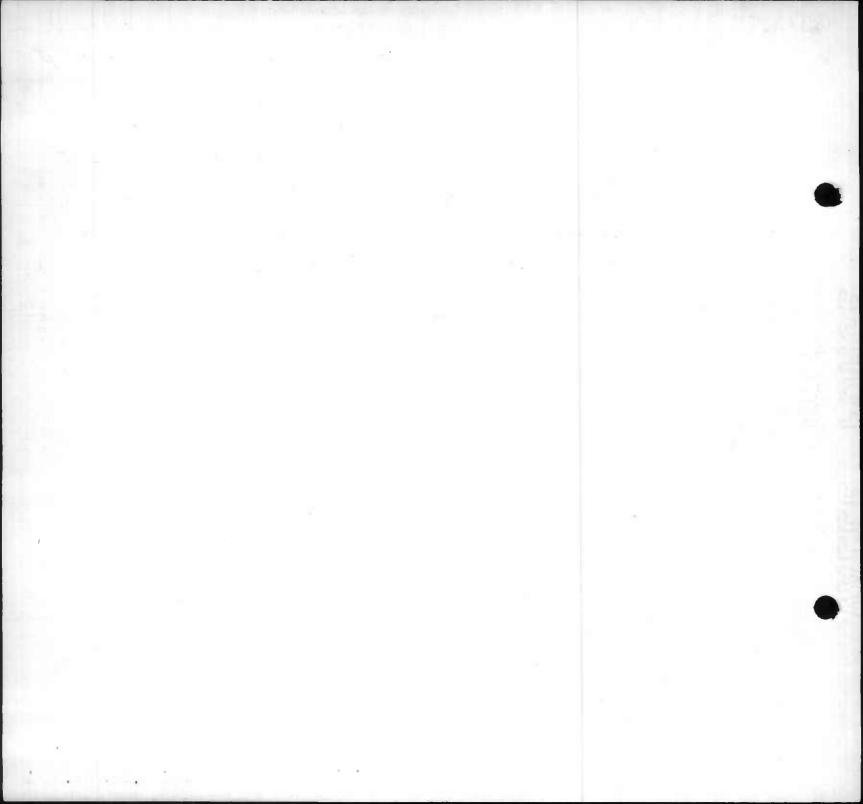
		TIT D & IDAM TIT N & TECCUTED & O.T.	( DOTITO )
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, a heart failure, asthenia, etc. It means the disea injury or complication which caused death.)  ANTECEDENT CAUSES	CAUSE DE DEATH  (A) CINTERVASIONO  1.9., DUE TO	INTERVAL BETWEEN ONSET AND DEATH
	DISEASES OR CONDITIONS, if ony, givenise to the obove couse (A) stoling UNDERLYING CONDITION lost.	ing	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE	
RTIFIC	19A-DATE OF OPERATION 19B. CONDITION FO	DR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	OF DEATH?
AL		218. PLACE OF INJURY (e.g., in or obout 121C. WHERE DID (If in Baltimore City home, form, foctory, street, office bldg., etc.)  (If in Baltimore City is the content of the	y, give exact location)
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPRDX.)	21E. INJURY OCCURED  White A1 Not While A1 Work  A1 Work	
	22. I certify that (I) (this haspital) attended that (I) (wa) lost sow the deceased alive of	h	deoth occurred on the dote
	28A. SIGNATURE TE	Allending Med. Stoff Phys.	DATE SIGNED
	PAGE (Type) William G.		
244	REMOVAL (Specify) 24B. DATE 24C	C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, to	own, or county) (State)
_	Burial 11/26/66 1	Druid Ridge Pikesville, Bare of REGISTRAR H.W. Jenkins & Sons Co. L	ADDRESS 1905 York Rd.
VS	150-REV. 1/1100 28 1956 (C.C.		12, Md.

12/8/66 - Letter dated 12/6/66 from William Goldsborough Helfrich, M.D., 5006 Roland Ave.

Date of death, November 24, 1966. Also form from funeral director.

160

BIRTH NO. 66 11880				66 11880
BIRTH NO. DU IIIOU	CERTIFICA	TE OF DEATH	Registered No.	00 11000
M.E. CASE NO.	1 11	2. DATE	AND HOUR OF DEATH	
	VULIUS MU	ORRAY 11-	23-66	740 P
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (W	here deceased lived. It is	nstitution: residence before admission)
			NO	
FULL NAME OF (If not in hospital or institution oddiess or location)	n, give street	11117		RURAL and give township)
INSTITUTION		BALTIM		8-01
I THE UNION MEMOR	RIAL HOSP	D. STREET ADDRESS	(If word, give location)	4
		3403 /	ORMAN	AVENUE
	D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
M CAU. WIDOW	/ED, DIVORCED (specify)	3-1-95	lost birthdoy	Months Doys Hours Min,
10A, USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or f	oreign country)	12. CITIZEN OF
done during most of working life, even if relired! MERC	CHAN DISE	MARYLAND		U-S.A.
METIRED-MERCHANT				U13.74.
3. FATHERS NAME EDWARD CARL		14. MOTHER'S MAIDEN N		(2/)
CHARLES WAGNET	र	CEDELIA	Caro Hore	SHRINER
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give war or dales of service	1 6. SOCIAL	17. INFORMANT	10.05 = 1	ADDRESS
1. 1. (1)	SECORITI NO.	(WIFE	MRS.ERNI	4-WAGNER
118.	CAUSE OF	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH		USTIVE Hom	RT FRILLIA	E YBAYS
(This does not mean the mode of dying, e.	g., DUE TO	6 71 4 6 1 7 6 11		
heart failure, astheria, etc. It means the diseast injury or camplication which coused death.)	se,		1/	
ANTECEDENT CAUSES	(B) H127	WISCLENET	10 theman	DISCUSE
DISEASES OR CONDITIONS, if ony, givin	DUE TO			
	19			
rise to the above couse (A) stoting to				
rise to the above couse (A) stating the UNDERLYING CONDITION last.			OM N.H. M. M. M. O. M. O. M. M. M. M. M. O. O. M. O.	
UNDERLYING CONDITION last.	he (C)			
UNDERLYING CONDITION last.	he (C)			
UNDERLYING CONDITION (as).  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ING YONG			
UNDERLYING CONDITION Iasi.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ING THE R WHICH OPERATION		No) 208. IF YES, WERE IN CERTIFYING	FINDINGS CONSIDERED
UNDERLYING CONDITION Idea.  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	ING THE  R WHICH OPERATION COLE	20A. AUTOPSY2/Yes or	IN CERTIFYING CA	OSES OF DEATH?
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UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)	R WHICH OPERATION  CALL  STB. PLACE OF INJURY (e.g., income, form, foctory, street of etc.)  While AI Not White AI Work  d the deceased from	20A. AUTOPSYZ/Yes or n or about 21C. WHERE DID fice bldg., INJURY OCCUR:	N CERTIFYING CAN IN Baltimore  NJURY OCCUR?	ydses OF DEATH?  Ore City, give exact location)
UNDERLYING CONDITION last.  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19R. CONDITION FO WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (Hour)  22. I certify that (M) (this hospital) ottended that (I) (we) last saw the deceased alive or	ING THE  R WHICH OPERATION  CALC  CIB. PLACE OF INJURY (e.g., intermediate, output)  PLE. INJURY OCCURRED  While At Not White At Work  d the deceased from  1. 2. 3	20A. AUTOPSYZ/Yes or n or obout 21C. WHERE DID fice bldg., INJURY OCCUR:	NJURY OCCUR?	ydses OF DEATH?  Ore City, give exact location)
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UNDERLYING CONDITION last.  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19R. CONDITION FO WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (Hour)  22. I certify that (M) (this hospital) ottended that (I) (we) last saw the deceased alive or	ING THE  R WHICH OPERATION  CALC  RIB. PLACE OF INJURY (e.g., income, form, foctory, street, of the complete.)  PLE. INJURY OCCURRED  While At Not White At Work  d the deceased from	20A. AUTOPSYZ/Yes or n or obout 21C. WHERE DID fice bldg., INJURY OCCUR: C 21F. HOW DID 19 and	IN CERTIFYING OF MILES OF THE Baltimon Conjuny Occur?  19 (do. to	inton death occurred on the date
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UNDERLYING CONDITION last.  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19R. CONDITION FO WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (M) (this hospital) ottended that (I) (wer) last saw the deceased alive of and hour and from the couses stated above.  23A. SIGNATURE  CALCULATION  23C. PHYSICIAN'S	ING THE  R WHICH OPERATION  COLOR  R WHICH OPERATION  AI Work  AI Work	20A. AUTOPSYZ/Yes or n or about 21C. WHERE DID fice bldg., INJURY OCCUR: 21F. HOW DID 19 and riew the body ofter deat 22d. ADDRESS	NJURY OCCUR?  19 66 to that in (my) (our) ap h.  Stoff	inlon death occurred on the date 1/-23 -66
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UNDERLYING CONDITION last.  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (M) (this hospitol) ottended that (I) (we) last saw the deceased alive or and hour and from the couses stated above.  23A. SIGN ATURE  23C. PHYSICIANTS)  NAME (Type)  PARIC	ING THE  R WHICH OPERATION  CALC  RIB. PLACE OF INJURY (e.g., income, form, foctory, street of etc.)  The injury occurred work  Work  At Work  d the deceased from  M.D. Alle Phy	20A. AUTOPSYZ/Yes or n or obout 21C. WHERE DID fice bldg., INJURY OCCUR: C  21F. HOW DID  19 and fiew the body ofter deat s. Director 23D. ADDRESS	IN CERTIFYING OF A STATE OF A STA	inlon death occurred on the date 1/-23 -66
UNDERLYING CONDITION last.  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 20 (APPROX.)  22. I certify that (M) (this hospital) ottended that (I) (we) last saw the deceased alive of and hour and from the couses stated above.  23A. SIGN ATURE  23C. PHYSICIAN'S NAME (Type)  PARK  24A. BURIAL CREMATION, 24B. DATE 24C.	ING THE  R WHICH OPERATION  CALC  RIB. PLACE OF INJURY (e.g., income, form, foctory, street, of etc.)  RIB. PLACE OF INJURY (e.g., income, form, foctory, street, of etc.)  RIB. PLACE OF INJURY (e.g., income, form, foctory, street, of etc.)  Mork  AI Work  d the deceased from  M.D.  Alte Phy  M.D.  NAME of CEMETERY of CRE	20A. AUTOPSYZIVes or n or about 21C. WHERE DID life bldg., INJURY OCCUR: C  21F. HOW DID  21F. HOW DID  21F. HOW DID  21F. HOW DID  22D. ADDRESS THE JNICA  EMATORY 24D	IN CERTIFYING OF THE BALLIMON	inlon death occurred on the dat  238. DATE SIGNED  1-23-66  24. Hesp  ity, town, or county) (State)
UNDERLYING CONDITION last.  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 20 (APPROX.)  22. I certify that (1) (this hospital) ottended that (I) (we) last saw the deceased alive of and hour and from the couses stated above.  23A. SIGNATURE  23C. PHYSICIANTS NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C.  REMOVAL (Specify)  BURIAL CREMATION, 24B. DATE 24C.	ING THE  R WHICH OPERATION  PIB. PLACE OF INJURY (e.g., income, form, foctory, street, of etc.)  PIB. PLACE OF INJURY (e.g., income, form, foctory, street, of etc.)  While AI Not White AI Work  It injury occurred  While AI Not White AI Work  It injury occurred  Mile AI Work  AI Work  AI Work  AI Work  AI Work  AI Work  The AIII AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII  AIII	20A. AUTOPSYZIVES or n or about 21C. WHERE DID fice bldg., INJURY OCCUR.  21F. HOW DID 21F. HOW DID 21F. HOW DID 21F. HOW DID 22F. HOW	that in (my) (our) ap h.  Stoff Debrickies  Location (C)  Baltimore	inton death occurred on the dat  238. DATE SIGNED  1-23-66  24 Hesp  ity, town, or county)  Md.
UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 20 (APPROX.)  22. I certify that (1) (this hospital) ottended that (I) (we) last saw the deceased alive of and hour and from the causes stated above.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C.  REMOVAL (Specify)  BURIAL CREMATION, 24B. DATE 24C.	ING THE  R WHICH OPERATION  CALC  RIB. PLACE OF INJURY (e.g., income, form, foctory, street, of etc.)  RIB. PLACE OF INJURY (e.g., income, form, foctory, street, of etc.)  RIB. PLACE OF INJURY (e.g., income, form, foctory, street, of etc.)  Mork  AI Work  d the deceased from  M.D.  Alte Phy  M.D.  NAME of CEMETERY of CRE	20A. AUTOPSYZIVes or n or about 21C. WHERE DID life bldg., INJURY OCCUR: C  21F. HOW DID  21F. HOW DID  21F. HOW DID  21F. HOW DID  22D. ADDRESS THE JNICA  EMATORY 24D	IN CERTIFYING OF A STATE OF THE	inlon death occurred on the dat  238. DATE SIGNED  1-23-66  24. Hesp  ity, town, or county) (State)

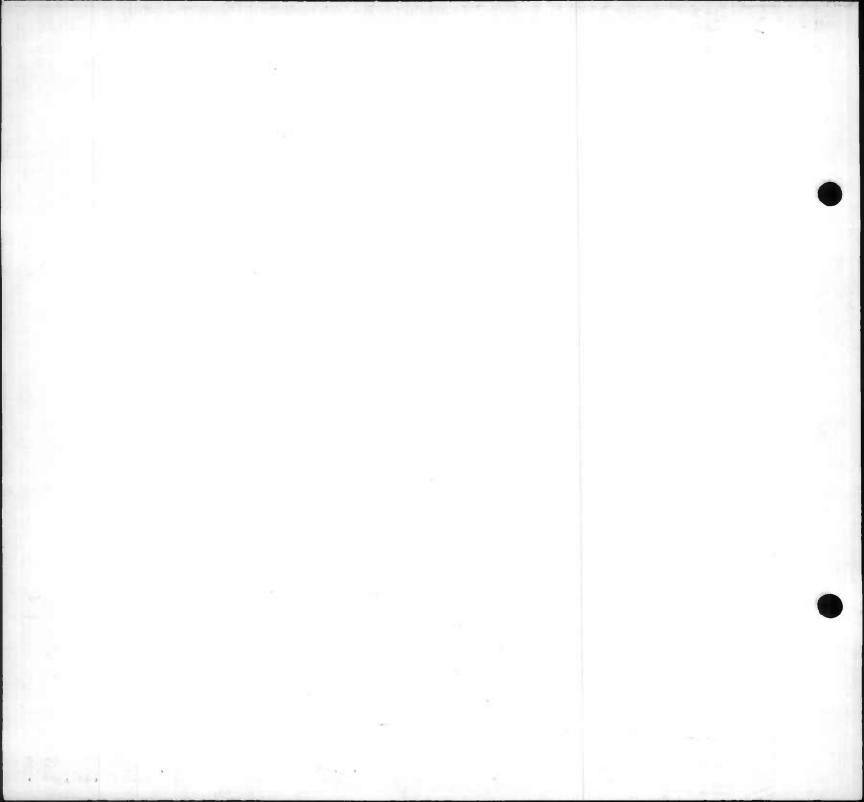


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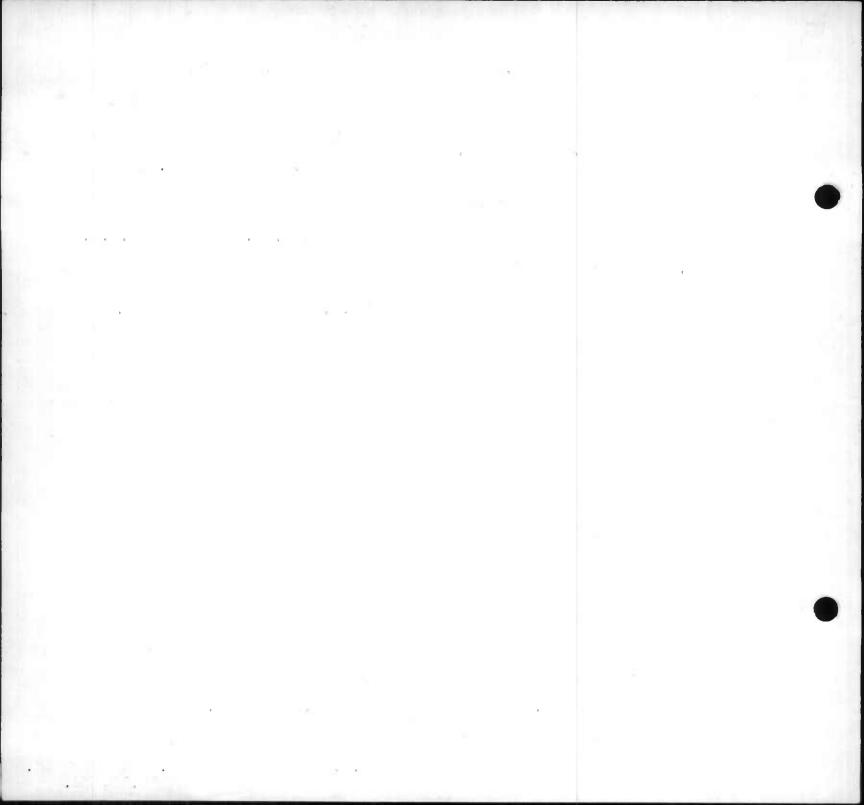
and

	BALTIMORE CITY	Y HEALTH DEPARTMENT	00 44004
2	PH NO. 66 11881 CERTIFICA	TE OF DEATH Registered No.	66 11881
	M.E. CASE NO.  1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH	
	(Type or Print) Harry P. Hughes	11-23-66	1945 P
	3. PLACE OF DEATH IN BALTMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. Il institu A. STATE B. COUNTY	tion: residence belore odmissio
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	Maryland C. CITY OR TOWN (If outside city limits, write RUR	Balte. S.
	INSTITUTION	Baltimore	53-00
	37 Mercy Hospital	5.14 Castle Dr.	Apt. D
	5. SEX  6. RACE  7. MARRIED, NEVER MARRIED  WIDOWED, DIVORCED (specky)  WLO DIVORCED	B. DATE OF BIRTH  9/13/1890  9. AGE (In years lost birthday)  6	Under 1 Yr. II Under 24 Hr onths: Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life even if retired)  TETINE C-SUPERVISOR FOR	TI. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
١	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	W / A
	Patrick Hughes	WiniFred MC	NuLty
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(III yes, give wor or dates of service)  16. SOCIAL SECURITY NO. 215-03-9525	A Medical reco	ADDRESS /
Ì		DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Jocardial inFarct	
	(This does not mean the mode of dying, e.g., heart latitude, asthenia, etc. It means the disease, injury or complication which caused death.)	yo cardial infarct unemtrolled arrhythm	ia ,
		mary artery occlusion	hous
	DISEASES OR CONDITIONS, if ony, giving	erisscleratic coronary	years
	LINDERLYING CONDITION I	tery disease	Jeans
	H H	Tery disease	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ragmatic hiatus hern	a Months
	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINE	
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 A. ACCIDENT WAS UNDERLYING home, lorm, foctory, street, cetc.)	in or obout 21 C. WHERE DID (III in Baltimore Ci office bldg., INJURY OCCUR?	ty, give exact locotion)
	O 21D. TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	While At Work  At Work		
	22. I certify that (1) (this hospital) extended the deceased fram	NOU 23 2 P. M. 9 (16 10 NOV.	23, 945 Fin loh
	that (1) (we) last saw the deceased alive an Nov 23	19. 6. and that in(my) (our) opinia	n death accurred an the do
	and haur and fram the causes stated abave (1) (did) (did nat)	view the bady after death.	
	22A RITEMATINE	122	D DATE SIGNED .

Attending Phys. Med. PHYSICIAM'S NAME (Type) Richard 23D. ADDRESS David M.D. 24A. BURIAL CREMATION. REMOVAL (Specify) Rem-Burial 24D. 128 Illinois York Road 66 Holy Sepulchre Chicago, #.W. Jenkins & Sons Co.4905

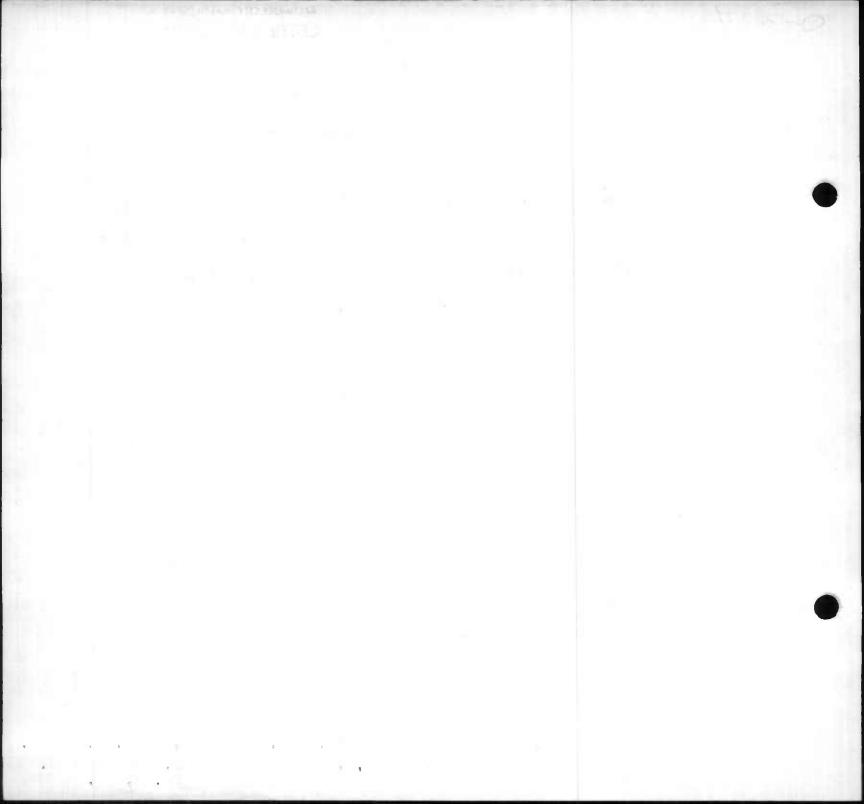


	BALTIMORE CITY	HEALTH DEPARTMENT	00 41000
DIRTH NO. 66 11882	CERTIFICA	TE OF DEATH Registered No.	66 11882
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Print) Lavinia Hawley	Harris	November 23, 1	966   1025 Am M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased fived. If in A. STATE B. COUNTY	stitution: residence before admission)
FULL NAME OF (If not in haspital ar instit	utian, give street	Maryland c. CITY OF TOWN (If outside city limits, write I	
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write I	RURAL and give township)
		Baltimore D. STREET ADDRESS (If rurol, give location)	12-00
3209 N. Charl	es St.		
5. SEX   6. RACE   7. MA	RRIED, NEVER MARRIED	3209 N. Charles (Apt	If Under 1 Yr. II Under 24 Hrs.
WIE	OWED, DIVORCED (specify)	7/6/1883   lost birthdoy	Months Doys Hours Min.
0A. USUAL OCCUPATION (Give kind of work 10B, KII	IPPIED ND OF BUSINESS OR INDUSTRY		12, CITIZEN OF
lane during most of working life, even if retired)			WHAT COUNTRY?
NONO N	one	Utica, N. Y.  14. MOTHER'S MAIDEN NAME	U.S.A.
	Banah		
Dr. Edward Nathaniel		Delia Hawley	A D D D D D
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (II yes, give wor ar dates of se		17. INFORMANT	ADDRESS
No		Mrs.W.Hall Harris III,5	
18.5 60,4 1	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		O OST A.	
(This daes not mean the made of dying,	e.g., DUE TO	syloged Striction.	
heart failure, asthenia, etc. It means the dis injury or camplication which caused death.)	ease,	· A	
ANTECEDENT CAUSES	(B) \	relis Herre	
DISEASES OR CONDITIONS, if any,	DOE 10		
rise to the above cause (A) stating	The (C)	***************************************	1 n novembra <b>4 n</b> fin n n n n n n n n n n n n n n n n n n
OTHER SIGNIFICANT CONDITIONS CONTRIE	UTING O A	atht almslin	
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE Chemolons		
19A. DATE OF OPERATION 19B. CONDITION		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	TOTAL DE ACE OF INTERVAL.	A STATE OF THE STA	C:
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)		e City, give exact location)
0			
2) D. TIME (Month) (Doy) (Year) (Hour	21 E. INJURY OCCURRED  While At Not While	21F. HOW DID INJURY OCCUR?	
(APPROX)	Work At Work		
22. I certify that (1) (this hospital) atten		19 58 to	
that (I) (we) lost saw the deceased alive	on 11/23	19 6 and that in (my) (out) opi	nion death accurred on the date
and hour and from the causes stated abo	ive. (1) (We) (did) (did not)	riew the body after death.	
23A. SIGNATURE	2 1		23 B. DATE SIGNED
Walh 851	Free M.D. Atte	s. Med. Stoff Phys.	11/23/66
23C. PHYSICIAM'S NAME (Type)		23D. ADDRESS	
Walter B.Bu	ck M.D.	18 E. Eager St.	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME of CEMETERY OF CR		ty, town, or county) (State)
Burial 11/26/66	Greenmount	Baltimore,	Maryland
	AME OF REGISTRAL	25C, FUNERAL DIRECTOR	ADDRESS
NOV 28 1966 O	Les E. Jakey A.	H.W. Jenkins & Sons Co	· 4905 TOPK Rd.
VS 150-REV. 1/1/65		D3.	Lto.12, Md.



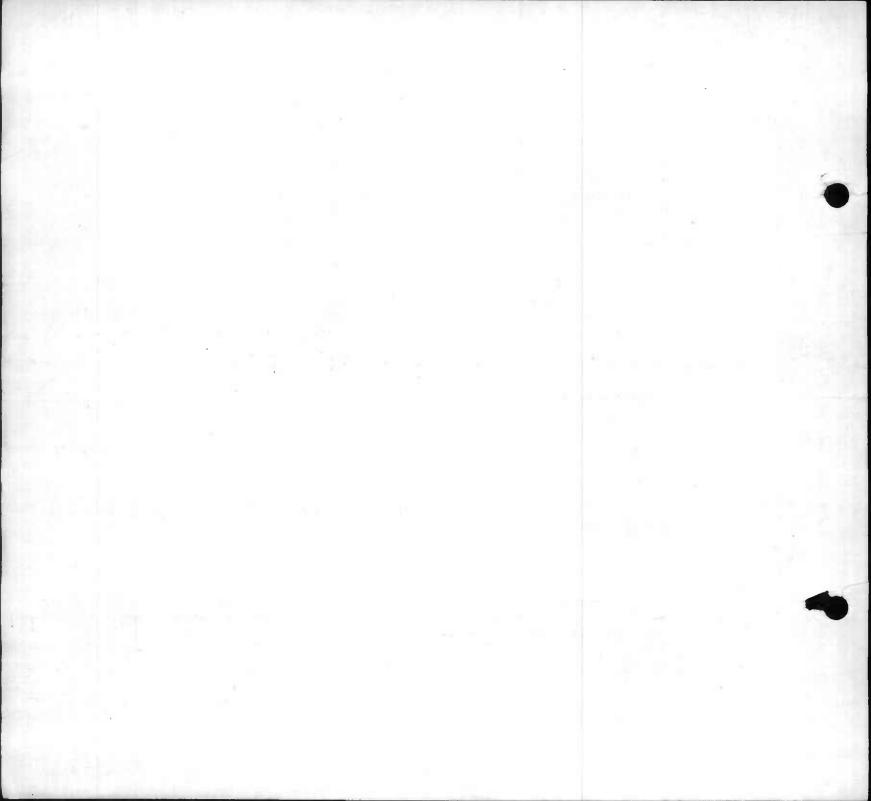
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FUNERAL DIRECTOR: IMPORTANT	9	1	ar ba
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	3	A.	bo
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a horning feyrant when the physician who proported death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such of written approval must be obtained before the remains are embalmed or final disposition is made.
	9	SC	ds
	Sis	*	9.
	Thi	sho	de ₹
			-

1		BALTIMORE CITY	HEALTH DEPARTMENT	1/	GC 11000
PL I	TH NO. 66 11883	CERTIFICA	TE OF DEATH	Registered Na.	66 11883
1. N (Ty)	PLACE OF DECEASED  PLACE OF DEATH IN BALTIMORE, MARYLAND	ELL		ND HOUR OF DEATH	6 45 A M.
	FULL NAME OF (If not in hospital ar institution)  HOSPITAL OR oddress or location)  NSTITUTION		C. CITY OR TOWN (III	Doutside city limits, write	ALT I MORE CONTROL (CONTROL OF THE PROPERTY OF
	MERCY HOSPITAL				50N 53-00
S. S		RIED, NEVER MARRIED OWED, DIVORCED (specify)	610 W- JO B. DATE OF BIRTH 9/4/05	lost birthdoy)	Months Doys Hours Min.
don	oduring most of working life, even if retired)  DM INISTRATOR.  To:	LL-FACILITIES	11. BINTHPLACE (Stole or fo		12. CITIZEN OF WHAT COUNTRY?
1	FATHER'S NAME  VICLIAM S.  DONNEL  Was Deceased Ever in U. S. Armed Forces?  S, no or unknown) [III yes, give wor or doles of serv	16. SOCIAL SECURITY NO.	FRANCES  17. INFORMANT		ADDRESS ADDRESS
	No	217-03-4144	MRS. BARI	2000 6	(SAME)
	18.5 5 0 . /	CAUSE O	F DEATH	SHKH D.	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. If means the dis-		TE PULMONAI	ry EDEMA	2 0445
1	ANTECEDENT CAUSES		GENERALIZED	citis é	
	DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION lost.	iving		PERITONIT	/3.
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING O THE			
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED PERITOR		20A. AUTOPSY? (Yes or !	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
CAL CE	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltimo)	e City, give exact location)
MEDIC	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  White At Not While Work At Work	21F. HOW DID IN	NJURY OCCUR?	
	22. I certify that (1)-(this hospital) attend			19 66 to /	1/25 19 66.
	that (I) (we)-last sow the deceased alive				
	and hour and from the causes stated abo	,			
	B Amuri L	M.D. Atte	ending Med.	Stoff Phys.	23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	111y 3+	11/01/06
	B. Ominsky	M.D.	MERCY	HOSPITAL	
24/	REMOVAL (Specify)	C. NAME of CEMETERY or CRE			
	Burial 11/28/1966 NOV 28 1966 R.C	Dulaney Valle	Mem.Grds.  25C. FUNERAL DIRECTO H.W. Jenkins	Timonium, E	Balto Co. Md.
VS	150-REV. 1/1/6S	Service Activities	6	Balto	12, Md.

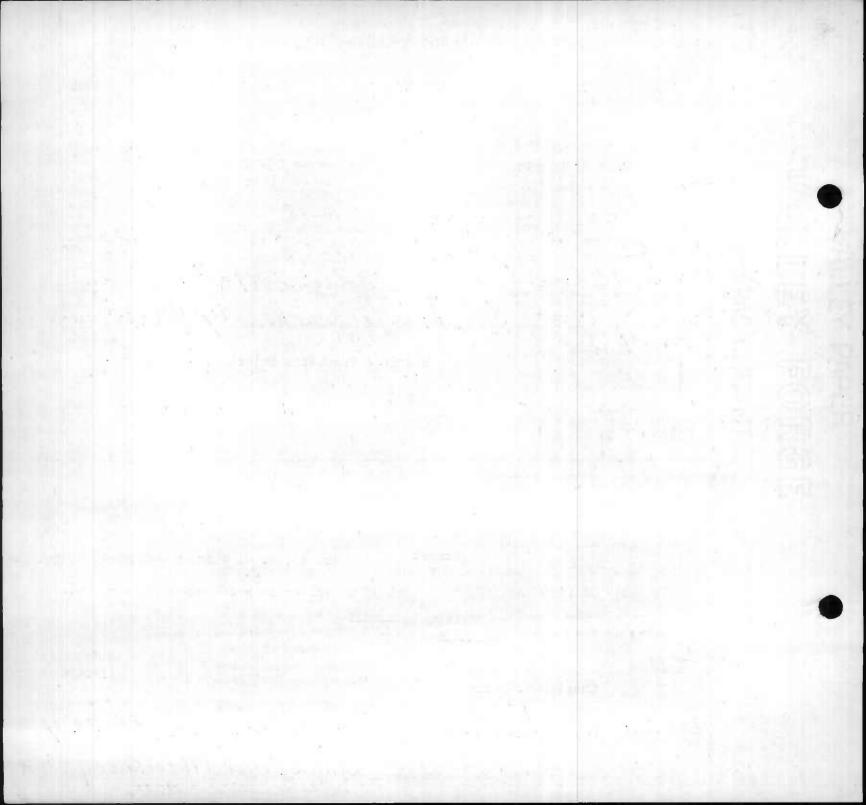


This certificate must be app. Led by the chief medical examiner or his assistant if denthe body was released to the hospital by a medical examiner. Also, if the direct of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Unwas D.O.A. at a hospital (except where the physician who pronounced death was deceased prior to death); and (6) No physician was in regular attendance on the contiten approval must be obtained before the remains are embalmed or final disposit	FUNERAL DIRECTOR: IMPORTANT	miner or his assistant if de	niner. Also, if the direct o	fracture of any kind; (4) Un	o pronounced death was	gular attendance on the	embalmed or final disposit
	FUNERAL DIRECT	This certificate must be app. sed by the chief medical examiner or his assistant if de	the body was released to the hospital by a medical exam	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Un	was D.O.A. at a hospital (except where the physician who pronounced death was	deceased prior to death); and (6) No physician was in regular attendance on the c	written approval must be obtained before the remains are embalmed or final disposit

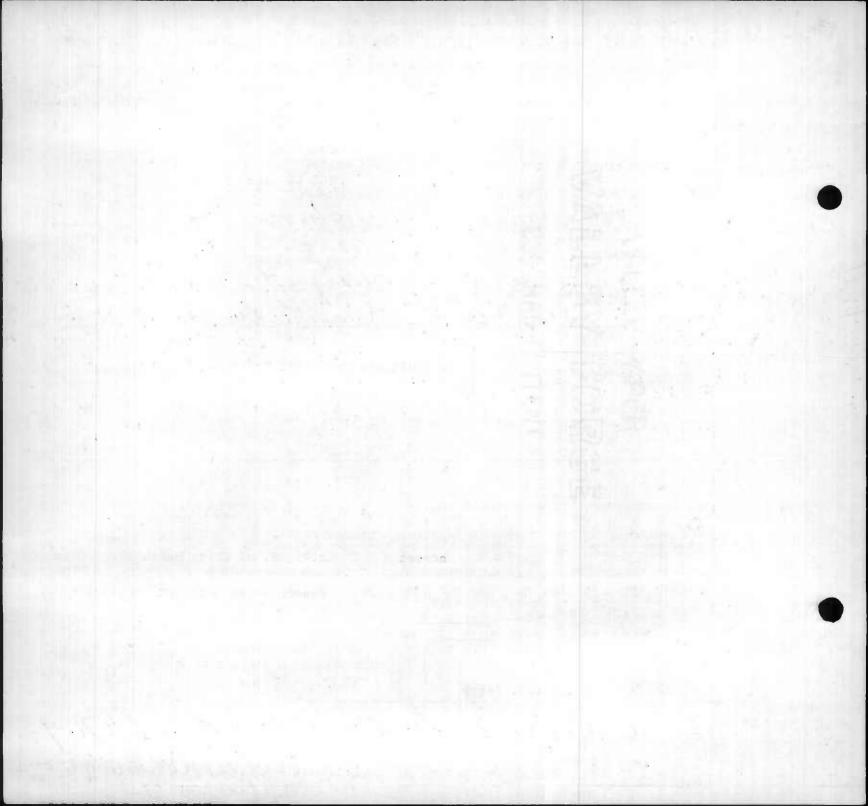
		BALTIMORE CITY	HEALTH DEPARTMENT		00 4466
1	TH NO. 66 11884 E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	66 11884
1 N	AAAE OF DECEASED	ightel	1/	23,66	8 20 -
3. 1	PLACE OF BEATH IN BALTIMORE, MARYLAND	7777	4. USUAL RESIDENCE (Whe A. STATE B. COUN	re deceased lived. If inst	itution: residence before admission)
1	FULL NAME OF (If not in hospitol or institution, given the second of the		MCL C. CITY OR TOWN (If ou	tside city limits, write RU	JRAL and give township)
'	2330 NorTh Charles	STreeT	TBALLO	rural, give location)	2-06
1	00		2336 N.	ChArles	STreeT
5. S	widowed,	DIVORCED (specify)	Nov 20, 1885	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	MAIC While Mark  USUAL OCCUPATION (Give kind of work 10B, KIND OF B  eduring most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
	SA/es in An FATHERS NAME		TENNA  14. MOTHER'S MAIDEN NA	AAF	USA
13.	Frank Peightel		1	Cress	
15. (Ye:		6. SOCIAL SECURITY NO.	17. INFORMANT	( ) ( ) 3 3	ADDRESS
	No 2	20-18-2381	Mrs, Thelma	PeighTel	SAMe
	DISEASE OR CONDITION DIRECTLY	Pause OF	DEATH MONDAY F MONDAY F MONDAY F	mphyseus	INTERVAL BETWEEN
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) Arte	oroschetotic	Cardis-	J-71-5
	hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.)	U	4 500 101- 07	5-643-6	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving	DUE TO			
	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(C)		- 0-0000000000000000000000000000000000	
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	OR CONTRIBUTING CAUSE OF	LACE OF INJURY (e.g., in farm, foctory, street, off	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact lacation)
MEDICAL		At Not While	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this hospital) attended the	deceased fram		1962ta NO	V. 23 1966
	that (1) (we) last saw the deceased alive an	VOV. 23		at in (my) ( <del>cor)</del> apini	an death accurred on the dat
	and haur and from the causes stated above. (1) (23A. SIGNATURE	( <del>We) (#Hd)</del> (did nat) v	ew the bady after death.		23 B. DATE SIGNED
	Com. H. Kammey	Phys		Stoff Phys.	23 NOV. 1966
	23C. PHYSICIAN'S NAME (Type)	M.D.	3D. ADDRESS 6011 YOLK	Rd. Baf	6. Md. 21212
24A	REMOVAL (Specify)	ME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	, town, ar county) (State)
25 A	Buning 11/26/66 A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAD	25C. FUNERAL DIRECTOR	Youne Ils	beig / a. ADDRESS
115	NOV 28 1966 (1666) 2	Jable H.	J. F. ELINE *	Son Reista	istour, Md.
A 2	150-REV. 1/1/65		4		



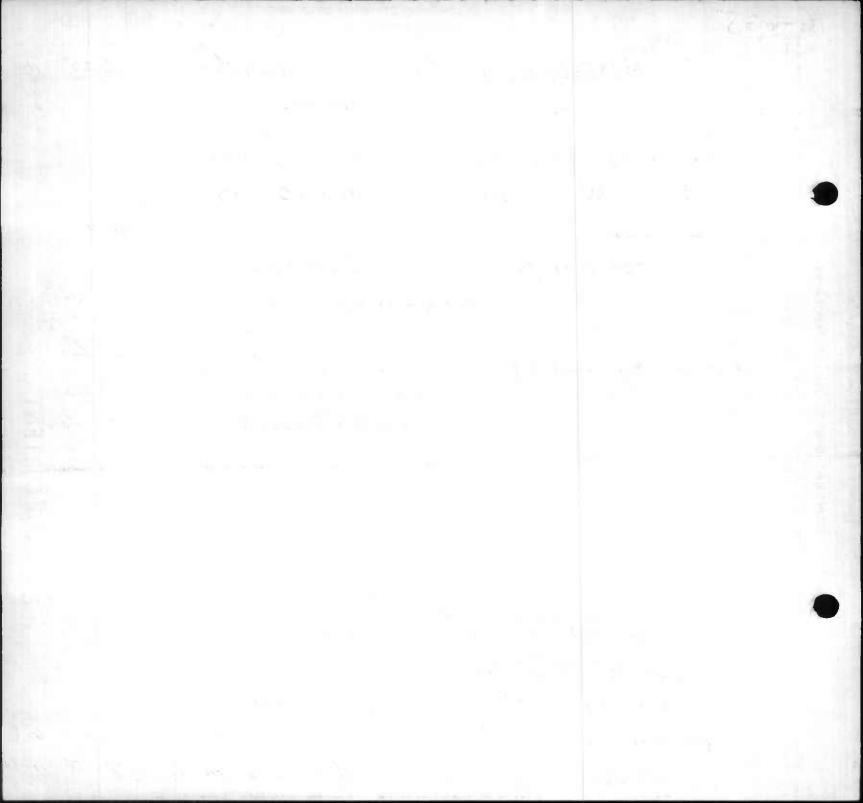
K-534	MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print)  CATHERINE KENDLY	November 24, 1966 2:15 A
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE New York  New York
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Jamaica
333	33 Johns Hopkins Hospital	D. STREET ADDRESS (If rurol, give locotion)  164-44 108th Avenue
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Female Negro	B. DATE OF BIRTH  9. AGE (In years lost birthday)  12-16-18  9. AGE (In years Months, Days Hours Min.
	1/0000	11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY)
	John Blue	14. MOTHER'S MAIDEN NAME ALLS MICHAIN
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yd., no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS ADDRESS
	120/01/1	OF DEATH INTERVAL BUTWEEN ONSET AND DEATH
	Olsease OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heort foilure, ostherio, etc. If meons the disease,	le Traumatic Injuries.
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
629	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED  VALUE OF INJURY (e.g., i	Yes Yes
	UNDERLYING CAUSE OF DEATH.    OUTING   CAUSE OF DEATH.   home, form, foctory, street, oetc.   Street	Rt. 95, S. of White Marsh Blvd., Balto.Co
	OF INJURY	WHILE X Driver in auto-auto collision.
		apsy X and that an this basis, death In my opinion  Hamicide Undetermined manner
	ACTUAL SIGNATURE Charles I very M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 11/24/66
-5 1	PAME (Type) Charles S. Petty  23A. Burial Cremation, 23B. Date 23C. NAME of CEMETERY of REMOVAL (Specify)	
	Burnal 11/29/66 Pine Lawr 24A. DATE REC'D BY HEALTH DEPT. 124B. NAME OF REGISTRAR	Mem PK. Farmingchale L.D. M. Y.
	NOV 28 1966 Robert E. Farbura	Semul Crowe-141-Rockaway Blod



SIRTH NO.	6 11886 _{MED}	DICAL EXAMINER'S		TE OF DEATH Registere	66 11886
M.E. CASE NO					
1. NAME OF (Type or Print)	DECEASED SARAH	McMILLIAN		November 24, 1966	3:35 A
3. PLACE IN I	ALTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	A. STATE	DENCE (Where deceased lived. If institution B. COUN	tion: residence before odmission)
FULL NAME OF HOSPITAL OR	OF (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TO	OWN (If outside corporate limits, write R	URAL ond give township)
John 3	s Hopkins Hosp	ital		ORESS (If rural, give location) 4-44 198th Avenue	, ,,
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIR		If Under 1 Yr. If Under 24 Hrs.
Female	Negro	WIDOWED, DIVORCED (specify)	1/18/	1882 84	Months, Doys, Hours, Min.
	CCUPATION (Give kind of wo	TREATMENT OF BUSINESS OR INDUST	RY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	IAME	, orne	14. MOTHER'S A	MAIDEN NAME	4.3.
Jas	. mon	rol	Zuary	raset M.S. M	ADDRESS
	ASED EVER IN U.S. ARME		17. INFORM ANT	16. Me. 114 15	CTG
18.	h 1 2 1 1	aux.	SE OF DEATH	e/ Ludley-169-19	INTERVIAL BETWEEN
1	EASE OR CONDITION D		SE OF DEATH		ONSET AND DEATH
	LEADING TO DEAT	H (A) Mult	iple Trau	matic Injuries.	
heart for	es not mean the mode of lure, asthenia, etc. It mean complication which caused	is the disease.			
	ANTECEDENT CAUS	ES			
	ES OR CONDITIONS, IF			•	000000000000000000000000000000000000000
	LYING CONDITION LAST	(C)		***************************************	
9	II .				
S TO TH	SIGNIFICANT CONDITION: IE DEATH BUT NOT R E OR CONDITION CAUSIN	ELATED TO THE			
19A, DATE		NDITION FOR WHICH OPERATION REFORMED	20A. AUTOPS	Y? (Yes or No.) 20B. IF YES, WERE FINE IN CERTIFYING CAUSES	
UNDERLYII	NAL CAUSE WAS	home, form, foctory, street,	office bldg., INJUI	WHERE DID (If in Boltimore City, give RY OCCUR?	
<b>4</b>	CAUSE OF DEATH.	etc.) street		.95, S. of White Mar	sh Blvd.,Balto.C
OF INJURY				OW DID INJURY OCCUR?	
22.	11 24 '6	66 A WHILE AT NOT	WHILE X P	assenger in auto-aut	o collision.
	certify that I held an			nd that on this basis, death In my	
re	sulted fram: Natural c	auses Accident X Suici	de Hamic		
ACT		arles S leur		MEDICAL EXAMINER WEDICAL EXAMINER	DATE SIGNED
	MINER'S	0		MEDICAL EXAMINER	11/24/66
NAM 23A, BURIAL	- 1.76-7	es S. Petty	CREAL ATORY	23D. LOCATION (City, to	own, or countyly (State)
REMOXAL (Sp	ecify) ial 11/29	166 Pine Law	n Mein.	PK Farmingdale	f.S. n.4
24A. DATE RE	NOV 28 1961	24B. NAME OF REGISTRAR  B. D. B. E. Faller M.	24Cg FUNE	AL DIRECTOR	LADDRESS POPUL
VS 151-REV.	1/1/65	NAME OF THE PARTY	3 Sam	1 1000 - 19114	chaway rece
	140-67		0	with the same of the	/



	00 44000	BALTIMORE CITY	HEALTH DEPARTMENT		00 11000
ш	BIRTH NO. 66 11887 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	66 11387
(	1. NAME OF DECEASED	ESSA)	11/24	deceosed lived. If ins	1/0:25 A
	FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR oddress or location) INSTITUTION	ive street	MARYLIAND C. CITY OR TOWN (If outs	ide city limits, write R	URAL ond give township)
	UNIVERSITY HOSPITIAL	nd.	D. STREET ADDRESS (II TO  428 E DIA		(4)
	F W WIDOWED,	NEVER MARRIED DIVORCED (specify) RRIED	11/24/10	. AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if refired)  #005ELUIFE	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	WALTER PHIPPS		ELLA COX	,	
	15. Was Deceased Ever in U. S. Armed Forces?  Yes, no or unknown  (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 228-16-3798	17. INFORMANT SW. TIESENGA	9 U.D. UNI	UERSITY HOSP
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	F DEATH  (PA.	STRIC ULCEI	INTERVAL BETWEEN
	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death,)	DUE TO	LICHTIONS OF THER	11 1000	13 days
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO	WCER 1 CERVI		40 days
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		or loke pueur	enould	11 days
	19A. DATE OF OPERATION 19B. CONDITION FOR W		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
	OR CONTRIBUTING CAUSE OF home etc.)	PLACE OF INJURY (e.g., in c, form, foctory, street, of	n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	U OF INJURY	e At At Work		RY OCCUR?	
	22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an	e deceased from 11	11 11		24 1966 ian death accurred an the da
	and haur and from the causes stated abave. (I)			Stoff 5.4	23B. DATE SIGNED
	23C. PAYSICIAN'S PLANE (Type)	Phy	s, Director P	Phys.	11/24/06
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  11-27-66  11-27-66	ME of CEMETERY OF CRI	EMATORY 24D. 10	CATION (CA)	y, town, or county) (Stote)
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	F REGISTRAR Fallona	25C EUMERAL DIRECTOR	Sartu	address garthurst



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to death.

prior

	00 4 4 000	BALTIMORE CITY	HEALTH DEPARTMENT		66 11888		
	тн но. 66 11888	CERTIFICA	TE OF DEATH	Registered No.	00 11000		
1, 8	E. CASE NO. NAME OF DECEASED pe or Print) Dorothy Lou	ise Baker		HOUR OF DEATH	1:50 P		
3.	PLACE OF DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Where of		14		
	FULL NAME OF (If not in hospitol or HOSPITAL OR oddress or location) INSTITUTION	institution, give street	A. STATE B. COUNTY Maryland C. CITY OR TOWN Off Courside City limits, write RURAL and give from Baltimore				
8	US Public Health Ser Wyman Pk. Drive & 31		D. STREET ADDRESS (If turol, give locotion) 3524 Buena Vista Ave.				
5.	SEX 6. RACE 7	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. los	AGE (In years If thinhdoy) M	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.		
	A USUAL OCCUPATION (Give kind of work) ne during most of working life, even if retired) Housewife	OB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign Md.	country) 1:	2. CITIZEN OF WHAT COUNTRY?		
13.	Frederick Buchm	an	14. MOTHERS MAIDEN NAME Alice Hall				
15. (Ye	Was Deceased Ever in U. S. Armed Force s, no or unknown! (If yes, give war or dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Records US PI	HS Hospital,	Balto, Md.		
	1B. / > 0. X	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	LEADING TO DEATH  (This does not mean the made of chearf failure, asthenia, etc. If means it injury or complication which caused of ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it arrise for the above cause (A) sunDERLYING CONDITION lost.	dying, e.g., DUE TO Whe disease, leath.)  (B)  DUE TO  DUE TO	denal carcinoma ri		1 / yrs		
VIION	OTHER SIGNIFICANT CONDITIONS CO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	CD TO THE	pronchopneumonia ary edema		l wk.		
CERTIFICATION	19A. DATE OF OPERATION 19B. COND	ITION FOR WHICH OPERATION	Too a second built	20B. IF YES, WERE FINE IN CERTIFYING CAUSE YES			
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffrce bldg., INJURY OCCUR?	(If in Bollimore Ci	ty, give exoct locotion)		
MEDI	21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	Y OCCUR?					
	22. I certify that (I) (this hospital) attended the deceased from Aug. 7. 166 ta Nov. 22 that (I) (we) last saw the deceased alive an Nov. 24 19 66 and that in (hy) (our) opinion death and hour and from the causes stated above. (I) (We) (did) (the hat) view the body after death.						
	23A. SIGNATURE		The body direct death.	23	B, DATE SIGNED		
	Xenus	Phy		off y ax	11/25/66		
	Samuel C.H. Lee,	Surgeon (R) M.D.	US PHS Hosp:	ital, Balto,	Md.		

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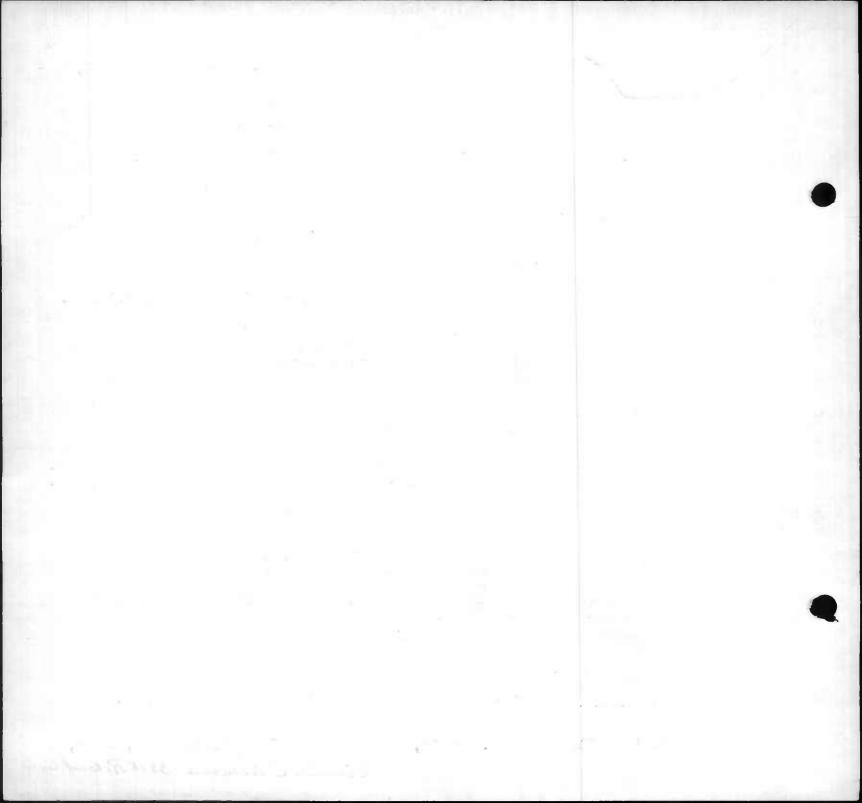
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY

Hospital, Balto, Md. 24D. LOCATION (City, town, or county)

Burial 11/28/66 St. Mary's
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR
25E. 16D.REV. 1/1/10/28 1966 Jen 3900 Reland Ave, Balto, Md

25C EUNERAL, DIRECTOR

Cluster 6 honovan - 3818 Roland ave



B-652

	CC	nyonwy.	1 120	BALTIMORE CITY HEAL	TH DEPARTMEN	T	1	6 66	1199	N ()
BIRTI	O CON H	TT993 WEDI	ICAL EX	(AMINER'S CI	ERTIFICAT	E OF D	EATH Register	red No.	) 110(	00
	CASE NO.									
1. N	AME OF DE	CEASED				2. DATE AND	HOUR PRONOUNCE		0.50	
2 81	A CT IN BALL			rnhouse	TA HEHAL OFFICE	Thi of Faladi	11/22		8:50 a.	
3. PL	ACE IN BAL	TIMORE, MARYLAND, W	MERE PRONOL	INCED DEAD	A. STATE		leceased lived. If insti B. COU	NTY	1	ii s sion)
HOS	NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET		ryland  /N (If outside	carparate limits, write	Montgo RURAL and	give tawnship	)
	RTI	FICATE	AMI	ENDED	Boyds			6	5-00	
	MAN A M	B ROLL B B BA	FRIVAL	5-3-67	D. STREET ADDR	ESS (If rurol,	give lacation)			
	Hop	kins Hospital		7-2-01	В	ox 129A	Rt.1			
5. SE		6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under 1	Yr. If Under 2	24 Hrs. Min.
m	ale	white	WIDO WED,	DI VORCED (specity)	May 6, 1	1066	lost olimooy	6	oys i Hours	IVIIII.
			TOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	ca untry)	12. CITIZEN	OF	
		warking life, even if retired)						WHAT	COUNTRY?	
13. F.	ATHER'S NAM	A F		•	Maryla	AIDEN NAME		USA		
16 14	Carr	oll C. Barnho	use, Jr			rie M. S	ummers	ADDRESS		
(Yes,	no or unknown	(If yes, give wor ar date	s of service)	16. SO CIAL SECURITY NO.	17. INFORM ANT			ADDRESS		
					Mr. Ca	arroll (	. Barnhouse	Same	as 4	
1	8.	1/		CAUSE	OF DEATH			11	NTERVAL BETY	WEEN
	30		2755					0	ONSET AND D	EATH
	DISEA	SE OR CONDITION DI	RECTLY	Subdura	1 homatom	2 01d	and recent			
	(This does			DUE TO	iz Hematom	a, oru	and recent		*********	
	heort failure	not meon the made of , asthenia, etc. It means mplication which coused	the discose,	DOE 10						
	,									
		ANTECEDENT CAUSES		(R)						
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO					*****	
		NG CONDITION LAST.								
N N				(C)						
Ĭ		il								
CERTIFICATION		NIFICANT CONDITIONS DEATH BUT NOT RE			-1 h1	h - 1				
造		R CONDITION CAUSING			al hydroc	-				•••••
ا <u>ښ</u> ا		F OPERATION 19B. CON WAS PER		WHICH OPERATION	20A. AUTOPSY?		OB. IF YES, WERE FIN			
	0 11-21	reco Bila.	teral st	ubdural hemato			ies			
0	TA, EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i , form, factory, street, o	fice bldg INTILLY	HERE DID (	f in Baltimare City, giv	ve exact loca	otion)	
EDIC	JTING CAU	ISE OF DEATH.	etc.)	Unknown		Inknown				
~	ID TIME	(Month) (Doy) (Year	) (Haur) 2	IE. INJURY OCCURRED		DINI DID WIT	RY OCCUR?			
	OF INJURY (APPROX.)	Unknown			WHILE X	Unknown				
	22. I cer	tify that I held on I	nguiry 🗌			that on this	bosis, deoth in m	y opinion		
		Ited from: Notural co	The state of the s	Accident Suicide			ndetermined manne			
	1050	ited from: Noturol Co.	uses A	Accident Suicide		_		x 🗀 X		
	ACTUA	1,000	1.	6/-1		EDICAL EX	_		DATE SIGN	ED
	SIGNAT		U/1-	/ . M.D.	ASSISTANT ME	EDICAL EX	AMINER X			
	EXAMIN	NER'S		7)	ASSOCIATE MI			1	1/22/66	
	NAME (			Mitz, M.D.						
REM	BURIAL CRE	y)		C. NAME of CEMETERY o	CREMATORY		A STATE OF THE PARTY OF THE PAR	town, or cau	unty) (Sto	ote)
	urial	11-26-6		Beallsville		J	Beallsville			
24A.	DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERA	AL DIRECTOR		AD	DRESS	
		2001 6 6 4000	00	R. Q. Fallens	Franc	cis H.J	Barber Lay	tons vi	lle. Md.	
142		MOA 58 1391	ال ال	D. El Manding	7 5 6					
A2.	151-REV. 1/1/	65				100				

Ker 6, 1956

Carrie S. Sussers

the Coursell C. Burnings of the spirit

Francia R. Barrer Laylore Militar P.

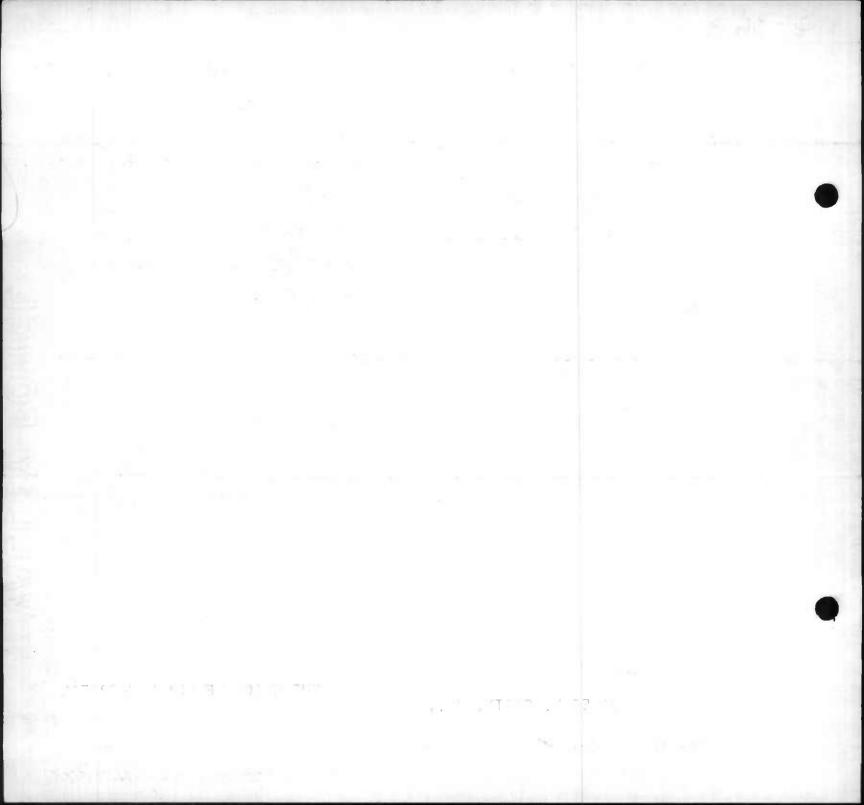
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Wetter from M. E.

's office

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			00 4400		BALTIMORE CITY	HEALTH DEPARTMENT		00 1400
77	BRTH		66 11890		CERTIFICA	TE OF DEATH	Registered Na	66 11890
	1, NA	ME OF DEC	EASED	1	<i>-1</i>	. 2. DATE A	ND HOUR OF DEATH	
Ц		or Print)	LIVE KA	THERING	s Sturgi	5 /1	-25.66	astitution: residence before odmission)
	3, PL.	ACE OF DE	ATH IN BALTIMORE, M	ARYLAND	7	A. STATE B. COU	ere deceased lived. If in NTY	stitution: residence before odmission)
I	FU	LL NAME C	F (If not in hospital oddress or locati		give street	MARGLA		
۱		STITUTION	oddiess di idean	UII)		C. CITY OR TOWN (IF O		RURAL and give township)
1	1/	/ .	M	. / /	1:41	D. STREET ADDRESS		100
I	(	NION	MEMOR	ial ste	gepilal	MELCHOR B. DATE OF BIRTH	NUKSING A	Jome CHARLES ST.
	5. SE)	(	6. RACE	7. MARRIED.	NEVER MARRIED		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.
	1		White	wi	DOWED	01-27-78	88	
			UPATION (Give kind of wa warking life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	,	12. CITIZEN OF WHAT COUNTRY?
			CUIFE	Own 1	tome	MARGULA		USA
	13. FA	THERS NA	0.6	20.		14. MOTHER'S MAIDEN N.		1000
	1	hom					12ABE117	RICHALDSON
li	Yes,r	as Deceased	Ever in U. S. Armed F	orces? tes of service)	SECURITY NO.	EMILY S. S	CHLOSSER	ADDRESS
IJ	1	16				LAURE	, MD.	
	111	60	9 X 7 2	60 X	CAUSE O	F DEATH		ONSET AND DEATH
		DISEA	SE OR CONDITION D LEADING TO DEATH		W 88	STICEMIA		6 hrs.
			not meon the mode of asthenia, etc. It mean		DUE TO	A	**********	
			nplication which cause		DO	LITE UKINY	WEXACT !	is lote ? Nous
I			ANTECEDENT CAUSE		DUE TO		1	110/05
I			OR CONDITIONS, if e abave couse (A		(c) de	by deation	marked	
	1	JNDERLYIN	G CONDITION last.			7		
	z	OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING	3			
1	$\Xi$	TO THE D	EATH BUT NOT REL	LATED TO TH		DIABETES		
	FIC	A. DATE O	F OPERATION 198. CO	NDITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or I	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	CERTIFIC	TA ACCIDE	NT WAS UNDERLYING	21R	PLACE OF INTURY (e.g.	n or about 21 C. WHERE DID	(If in Boltimor	e City, give exact lacation)
ľ	7 0	R CONTRIB	UTING CAUSE OF	ham etc.)	e, form, factory, street, a	ffice bldg., INJURY OCCUR?	th the beginner	e ony, give exact lacasion
	2	1D. TIME	(Month) (Day) (Year	r) (Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
	5	APPROX.)		Whi	ile At Nat Whil			
	2	2. 1 certify	that (I) (this hosnit		ne deceased fram		.19ta	11/75 1066
			plast saw the decease		11/	/ /		nian death accurred on the date
	c	ind hour on	d from the causes st	ated abave. (1	)(We)((did) (did nat)	riew the bady after death		
		3A. SIGNATI		7/	1 D			23B. DATE SIGNED
		10	mes Wit	sail	Phy	ending Med. Director	Staff Phy s.	11/25/66
	1	NAME (	AN'S Type)		-//	23D. ADDRESS THE UN	JON MEMORI	AL HOSPITAL
		/	JAMES W		, UR., M.D.	(wion!	Emoria	C Nospial
	24A.	REMOVAL	MATION, 24B. DATE Specify)	24C. N	AME of CEMETERY OF CR	24D.	LOCATION	ity, tawn, ar county (State)
		urial	11-27-	66 Wh:	of registrar	ist S	now 14:11/	Mary/and
	25A.	DATE REC'T	NOV 28 1966		A 60 -	25C. FUNERAL DIRECTO	4//	AUDRESS
	VS 1	50-REV. 1/1/		HIOCHILL	C. Norther Fill	Jamen T	Eperson S	now Hill MCL



BALTIMORE CITY HEALTH DEPARTMENT

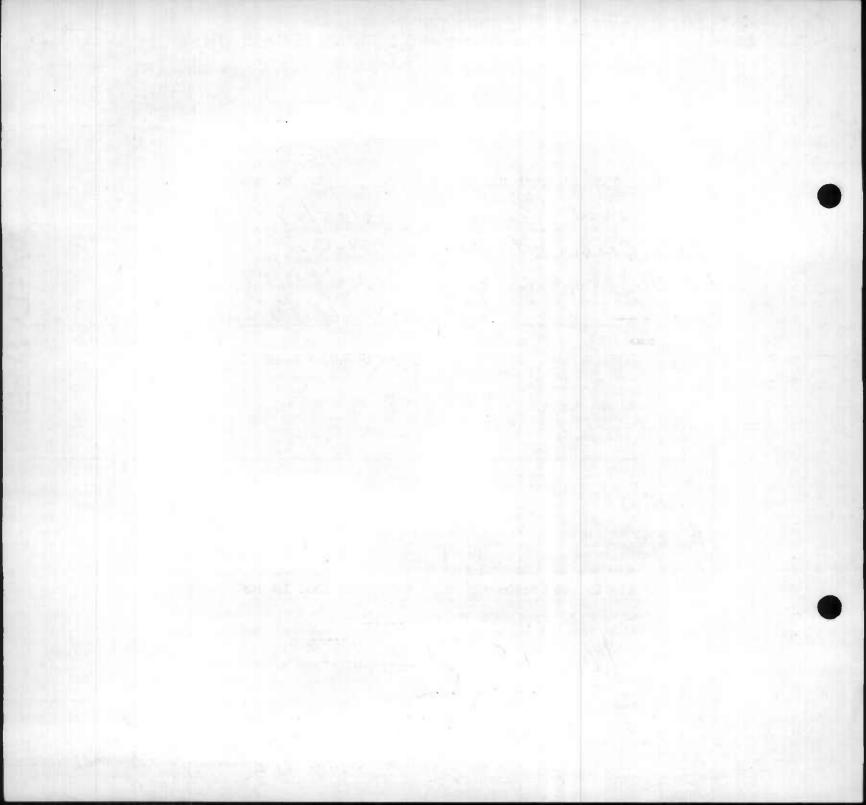
BIRTH NO.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

W.E. CASE NO.									
NAME OF DEC	CEASED			2. DATE AND HOUR PRONOUN					
7,000		Morris Robinson	11/25/66 9:40 p.						
PLACE IN BALT	TIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where doceosed lived. If in	stitution: residence	e befare odmissian)			
HILL NAME OF	HE NOT IN HOSE	TALL OD INSTITUTION CIVE STORET		aryland					
ULL NAME OF	ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET	C. CITY OR TO	WN (If outside carporote limits, w	ite RURAL and gi	ive tawnship)			
NOITUTION			Ba	ltimore	70-04	l.			
00				RESS (If rural, give location)	100				
00	2526 Ede	acomb Cirola North	21	03 S. Catherine St					
. SEX	6. RACE	ecomb Circle North	B. DATE OF BIRT			r. If Under 24 Hrs.			
		WIDOWED, DIVORCED (specify)	1	9. AGE (In years	Months Doy	s   Hours   Min.			
male	colored	Single	3/25	144 22					
	UPATION (Give kind of w working life, even if retired	ark 10B. KIND OF BUSINESS OR INDUSTRY	11. MRTHPLACE	(State ar foreign cauntry)	12. CITIZEN C				
Plantie	101 1. 1	Factory	nic	•	U.S	. A			
S. FATHER'S NAM		1	14. MOTHER'S M	ALDEN NAME					
10 mm	2 Wales	) (0)	Tani 6	20 0 V					
5. WAS DECEASE	D EVER IN U.S. ARMI	ED FORCES?   16, SOCIAL	17. INFORMANT	area rung	ADDRESS				
	(If yes, give war ar do		7. 100	0 -	0 4	1 , 01			
no		216-40-0696	Milde	el Camp_203	S. Call	rerine S			
18.	SIX	CAUSE	OF DEATH			ERVAL BETWEEN			
DISEA	SE OR CONDITION	DIRECTLY			ON	SET AND DEATH			
	LEADING TO DEA	OR CONDITION DIRECTLY ADING TO DEATH (A) Gunshot wound of head							
(This does	not meon the mode , asthenio, etc. It mea	of dying, e.g., DUE TO							
injury or co	mplication which cause	d deoth.)							
1	ANTECEDENT - CAUS	SEC.							
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO								
RISE TO TH	RISE TO THE ABOVE CAUSE (A) STATING THE								
	NG CONDITION LAST	(C)							
5	H								
OTHER SIG	NIFICANT CONDITION	IS CONTRIBUTING							
TO THE	DEATH BUT NOT	RELATED TO THE							
	R CONDITION CAUSII	ONDITION FOR WHICH OPERATION	20A AUTOPES	(? (Yes ar No) 208, IF YES, WERE	FINDINGS CONS	IDERED			
5 2		ERFORMED	yes	IN CERTIFYING CA	USES OF DEATH	?			
21 A. EXTERNA	CAUSE WAS	218. PLACE OF INJURY (e.g.,	in ar about 21C.	WHERE DID flf in Boltimare City, Y OCCUR?	give exact location	an)			
UTING CAU	ISE OF DEATH.	etc.) house		36 Edgecomb Circle					
21D TIME	(Manth) (Day) fYe	eof) (Haut) 21E. INJURY OCCURRED		OW DID INJURY OCCUR?					
OF INJURY									
(APPROX.)	11 25 66	9:20p WHILE AT NOT W	ORK X Sn	ot in head					
22.	tify that I held on	Inquiry Inspection Aut	opsy y an	d that on this bosis, death in	my opinion				
resu	Ited from: Notural a	Suicident Suicide		Undetermined mon	ner				
40711	L ////	1 ( )		EDICAL EXAMINER	n	ATE SIGNED			
SIGNAT		9 h. G / -	-ASSISTANT M	EDICAL EXAMINER		01011-0			
EXAMIN	VER'S			MEDICAL EXAMINER	11/2	6/66			
NAME (		U. Spitz, M.D.							
3A. BURIAL CRE		23C. NAME of CEMETERY o	CREMATORY	23D. LOCATION (Ci	ty, town, or count	y) (Stote)			
EMOVAL (Specif	(y)	abilal of	Jana Y	or has	V. A				
our	al 1/12	1106 Cervulus.	Mesu. P	1. / Dalte.	nec				
4A. DATE REC'D	BY HEALTH DEPT.	248 NAME OF REGISTRAR	11/	AL DIRECTOR	ADDI				
	8	or ore to the there	& When!	Maluant	7-17011	Ma Culls			
(C 151 PF) / 3 /3	WATER 9 9 10	CO DO TO THE STATE OF THE STATE	10,000	1	1.1				
/S 151-REV. 1/1/	os MAA CA		1	Salti.	ud.	1			
	7				_				



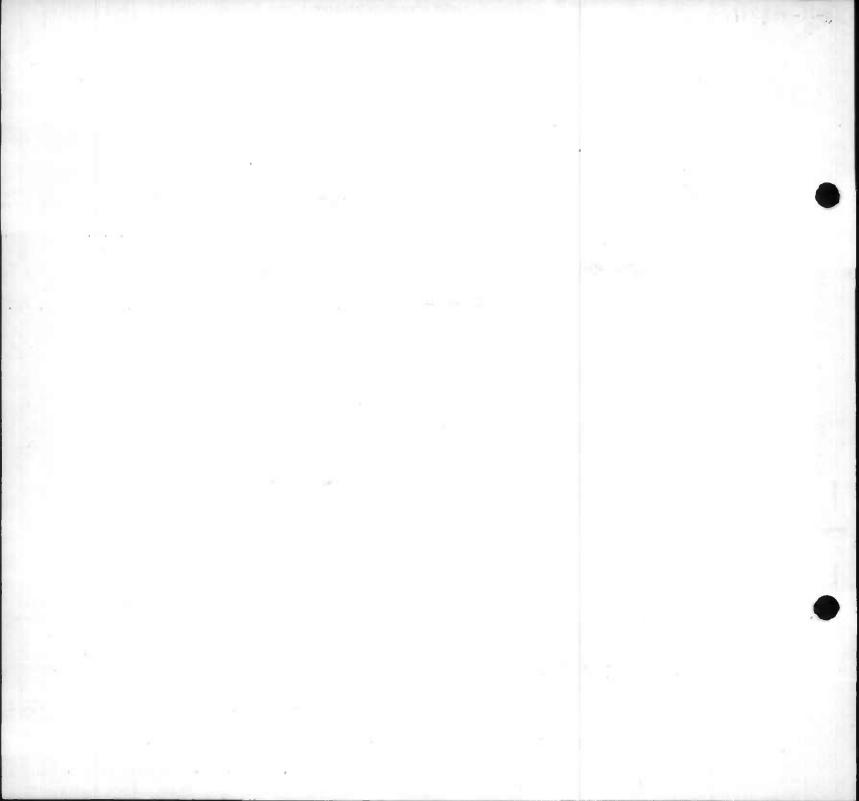
BIRTH NO. 66 11892 CERTIFICATE OF DEATH Registered No.  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH	66 11892
M.E. CASE NO.  1, NAME OF DECEASED  2, DATE AND HOUR OF DEATH	
I. NAME OF DECEASED	
(Time as Brief) A . A . A . A . A . A . A . A . A . A	
Viola 11. Payne Nov. 25. 1766	8, 30 f
3. PLACE OF DEATH IN BALTIMORE, MARYLAND     4. USUAL RESIDENCE (Where 'deceased' lived. It institution: I	residence before admiss
A. STATE 8. COUNTY	
FULL NAME OF (If not in hospital or institution, give street	
HOSPITAL OR oddress or location) INSTITUTION  C. CITY OR TOWN (If outside city limits, write RURAL on	nd give township)
Baltinase	-01
+ BON SECONRS HOSPITAL D. STREET ADDRESS (If rural, give location)	
TBANDECOURS NOSPITAL LICE HILL CT	(29)
148 S. MITTON ST.	( )
	er 1 Yr. If Under 24 Doys Hours Mi
WIDOWED, DIVORCED (specify)   lost birthdoy)   Months	Doys
F W W 10/14/91 73	
	NZEN OF HAT COUNTRY?
aone during most of working me, even it femred)	00
House Wife	5.77.
3. FATHER'S NAME	
thomas CROCKEH MARY? Crockett	
	ADDRESS
5. Wos Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT Balto. Md.	
No   216-54-0444-t Mr. Thomas F. Payne 802 S. Highl	and Ave.
18. CAUSE OF DEATH	INTERVAL SETWEEN
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	
(This does not meen the mode of dying, e.g., DUE TO	
heart foilure, osthenio, etc. It means the disease,	
injury or complication which coused death.)	
ANTECEDENT CAUSES (B) WILLOWSKIOWS CANCELLO	
This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving  (A) Myocardial in fraction  (B) Arteriorscleratic Cardio-  DUE TO  Vascular disease	
DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stoting the (C)	
UNDERLYING CONDITION lost.	
CHEERING CONSTITUTION ISS.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
2 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING	S CONSIDERED
WAS PERFORMED IN CERTIFYING CAUSES OF	DEATH?
198. CONDITION FOR WHICH OPERATION WAS PERFORMED  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF U.21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, gi	ine exect leaster)
OR CONTRIBUTING CAUSE OF home form factory street affice bldg. INJURY OCCUR?	AS SYDEL LOCOHOU)
▼ DEATH (notify medical examiner) etc.)	
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INTURY	
(APPROX.) While AI Not While AI Work	
	a / 1
22. I certify that (I) (this hospital) attended the deceased fram Nov. 24 19.66 to Nov.	25 196
that (1)(we) ast saw the deceased alive an Nov. 19.66 and that in(my) (aur) pinian dec	
and haur and fram the causes stated abave. (1) (We))(did)(did nat) view the bady after death.	
	ATE SIGNED

Med. Director 1706 Phys. X 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. on 24A. BURIAL CREMATION, REMOVAL (Specily) 24C. NAME of CEMETERY OF CREMATORY 24B, DATE 24D. LOCATION (City, lown, or county) (Stole) 1966 Meadowridge Cem. 1258. NAME OF AEGISTRAR Balto. Burial 25A. DATE REC'D HEALTH DEPT. ADDRESS 2 Truman Schwab 3512 Frederick Ave. G ! Balto. Md VS 150-REY 1/1/65

1. 14/11/11 Themas Open Kith Pany

VS 150-REV. 1/1/65

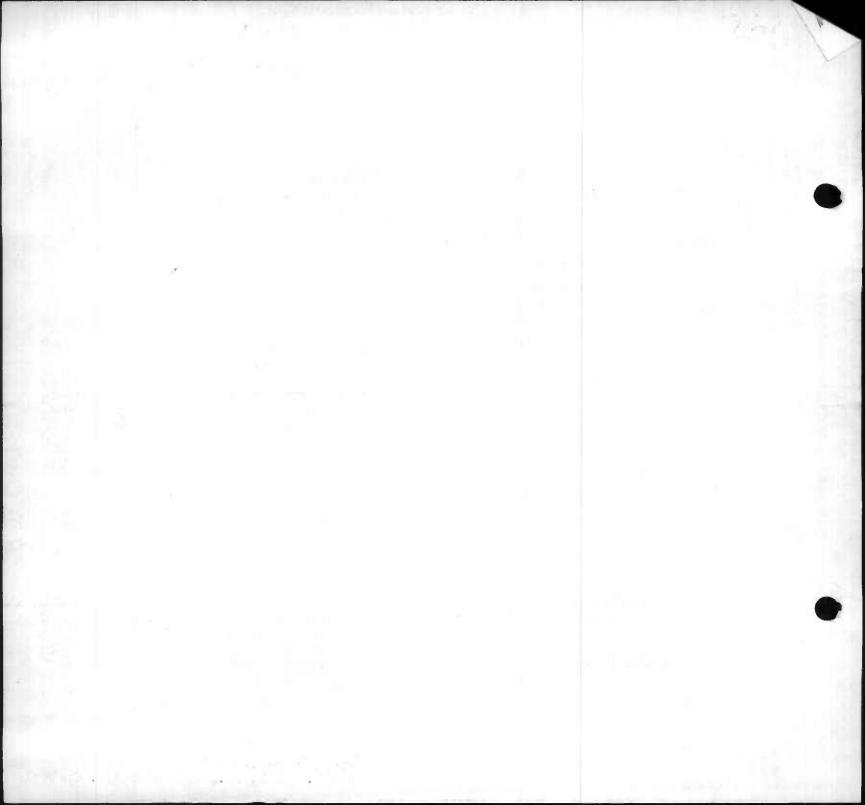
-550		HEALTH DEPARTMENT		66 11893				
BIRTH NO. 66 11893 M.E. CASE NO.	CERTIFICAT	TE OF DEATH	Registered Na.	00 110,00				
1. NAME OF DECEASED (Type or Print) ALBERT J.	HOONAH	,	OUEMBER 1	750				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			re deceased lived. If i	nstitution: residence before admission)				
FULL NAME OF (If not in hospital or institution,		Maryland	• • • • • • • • • • • • • • • • • • • •	Balto Con				
HOSPITAL OR oddress or location)	9.70	C. CITY OR TOWN (If ou	tside city limits, write	RURAL ond give lownship)				
Baltimore City Hospitals		Baltimore						
4940 Eastern Ave.			rurol, give location)	0				
Baltimore, Maryland # 21224		39 Mavista Ave. # 21222 005						
Male White W	idowed	2-14-94	9. AGE (In years lost birthdoy) 72	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.				
iOA, USUAL OCCUPATION (Give kind of work 10B, KIND O	F BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?				
	mines	West Virginia	3	U.S.A.				
3. FATHER'S NAME		4. MOTHER'S MAIDEN NA	ME					
Patrick Noonan		Ellen	Vont					
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)		7. INFORMANT	1080	ADDRES# 21224				
No	SECURITY NO. 220-10-272A	DOW. DECODING /	OIO Factor	# KLKK4				
110	CAUSE OF		749 Lastern	Ave. Baltimore, M				
DISEASE OF CONDITION DIRECTLY	CAUSE OF	DEATH		ONSET AND DEATH				
LEADING TO DEATH	- LNTIC	PACRANUAL A	1 = nucellar	F 12 Hours				
	(This does not mean the mode of dying, e.g.,  (A)  DUE TO							
heart foilure, osthenio, etc. It means the diseose injury ar camplication which caused death.)								
ANTECEDENT CAUSES	(8)							
DISEASES OR CONDITIONS, if ony, giving	DUE TO							
rise to the above cause (A) stating the								
UNDERLYING CONDITION last.								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	IG HE							
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA					
U 21A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g., in me, form, factory, street, office,)	or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltima	re City, give exact locotion)				
21D. TIME (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?					
(APPROX.)	hile At Not While							
		NOWEMBE ?	10 /4/ 4- 73	1) ALIENSEZ 10 60				
that (1) we last saw the deceased alive an.	22. I certify that (I)(this haspital) attended the deceased from 22 NOVEMBER, 19 66 to 23 NOVEMBER, 19 66 that (I) (we) last saw the deceased alive an 23 NOVEMBER, 19 66 and that in (my) (aux) apinion death occurred an the date							
ond haur and fram the causes stated abave.	(We) (did) (did nat) vie	ew the bady after death.		23B. DATE SIGNED				
Daniel W. Fox	23. SIGNATURE  Daniel D. Foate M.D. Attending Med. Phys. Direct							
23C-PHYSICIAN'S NAME (Type)	23	D. ADDRESS	Wasnitale					
Daniel D Foote	M.D.	Baltimore City 4940 Eastern A	ve. Baltimo	re, Maryland # 212				
24A. BURIAL CREMATION, 24B. DATE 24C. N REMOVAL (Specify)	AME of CEMETERY OF CREM			ity, town, or county) (State)				
	sthurg Mamanial	Park	Frostburg,	. bM				
25A. DATE REC'D BY HEALTH DEPT. 258. NAME	stburg Memorial	25C. FUNERAL DIRECTOR		ADDRESS				
NOV 28 1966 (P.O.	BE Faller Mis	4 5 1 1	rst, Sr., F	rostburg, Md.				



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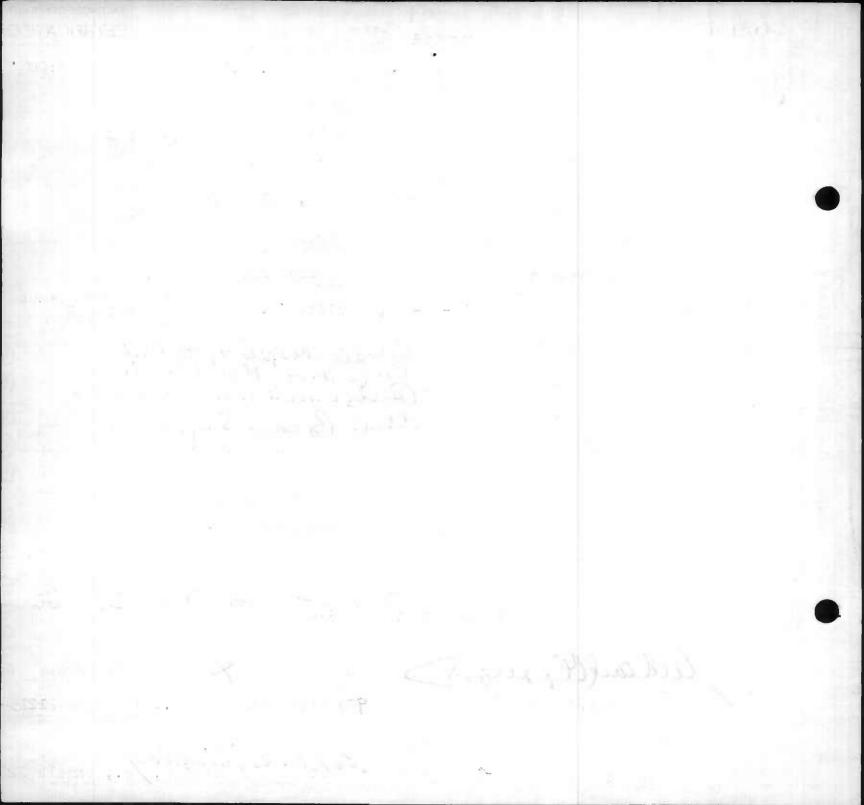
BIRTH	66	3 1189	A	HEALTH DEPARTMENT	Registered Na.	66 11894	
M.E.	H NO.	11.00	± CERTIFICA	TE OF DEATH	Registered Na.		
1. NA	AME OF DECEASED	0120-0	2000000		ND HOUR OF DEATH		
LYCEXANDER DENSITORE				11-24	4-6% &	stitution: residence before admissio	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND				A. STATE B. COU	NTY	stitution: residence before odmissio	
	HOSPITAL OR (If not in hospital or institution, give street oddress or location) INSTITUTION			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	AUTIMORE	Balti.Co.	
		3111144	RSITY HOSP	C. CITY OR TOWN (11 0		RURAL and give township)	
	38		D. STREET ADDRESS		00.00		
				203 SHA	DYNOOK C	-7,	
. SE	EX 6. RACE	W	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H Manths Doys Hours Min.	
0.3			MARPIED  10B. KIND OF BUSINESS OR INDUSTRY		64	12. CITIZEN OF	
	during most al working lil	e, even if retired)	Bethlehem Shipyards			WHAT COUNTRY?	
We	elder Baltimore, Md			MARYU	USA		
	FATHERS NAME			14. MOTHERS MAIDEN N.			
	LEXANDER	DENSMOR		HATTIE M	1 FLT CALIFR		
Yes.	Was Deceased Ever in U. S. Armed Farces? s,na or unknown)(If yes, give war ar dates of service)  16. SOCIAL SECURITY NO.			17. INFORMANT	0.6515141	ADDRESS	
M	KNOND		220-10-2727	SU CLUCE DENZMOKE			
1	18.			F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY			0			
			dving, e.g., DUF TO	RONIC OBSTRUCT	IVE PULM. DOG	iAsi 20 yrs	
	heart foilure, osthenio, etc. It means the disease,						
	ANTEGEDENT CAUSES (B) RH		IMATOIO ARTH	R1715	25 YRS		
	DISEASES OR CONDITIONS, if ony, giving			IRIGN CTAPHYLO			
	rise la the obove cause (A) stating the			IRRGN CTAPHTLO	COCCAL SEPTISE	imia 6 WC)	
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	UNDERLYING COND	DITION lost.					
Z	UNDERLYING CONE	II		·			
Z	OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO THE			1	
ATION	OTHER SIGNIFICANT	CONDITIONS CO BUT NOT RELATION CAUSING IT.	ONTRIBUTING FED TO THE . DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or h	No) 20B. IF YES, WERE I	FINDINGS CONSIDERED	
RTIFICATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI 19A. DATE OF OPERAT	CONDITIONS CO BUT NOT RELATION CAUSING IT.	ONTRIBUTING FED TO THE . DITION FOR WHICH OPERATION	_, /	No) 208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?	
CERTIFICATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI 19A. DATE OF OPERAT	CONDITIONS CO BUT NOT RELATION CAUSING IT.	ONTRIBUTING FED TO THE . DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or P	No) 208. IF YES, WERE I	FINDINGS CONSIDERED	
L CERTIFICATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI	CONDITIONS CO BUT NOT RELATION CAUSING IT.	ONTRIBUTING TED TO THE STITION FOR WHICH OPERATION ORMED [218, PLACE OF INJURY (e.g., i	20 A. AUTOPSY? (Yes or P	No) 208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?	
EDICAL CERTIFICATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CONDITIONS CO BUT NOT RELATION CAUSING IT. ION CAUSING IT. ION 198. COND WAS PERFO UNDERLYING CAUSE OF examiner)	ONTRIBUTING FED TO THE . DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, o	20 A. AUTOPSY? (Yes or P	No) 20B. IF YES, WERE I IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?	
AEDICAL CERTIFICATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CONDITIONS CO BUT NOT RELATION CAUSING IT. ION CAUSING IT. ION 198. COND WAS PERFO UNDERLYING CAUSE OF examiner)	ONTRIBUTING FED TO THE	20 A. AUTOPSY? (Yes or him or about 21 C. WHERE DID INJURY OCCUR?	No) 20B. IF YES, WERE I IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?	
MEDICAL CERTIFICATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME OF INJURY (APPROX.)	CONDITIONS COBUT NOT RELATION CAUSING IT. 198. COND. WAS PERFO UNDERLYING CAUSE OF examiner) (Doy) (Yeor)	ONTRIBUTING FED TO THE DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, (arm, foctory, street, one etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work	20 A. AUTOPSY? (Yes or fin or about 21 C. WHERE DID INJURY OCCUR?	No) 20B. IF YES, WERE I IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH? City, give exact lacohan)	
MEDICAL CERTIFICATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME OF INJURY (APPROX.) 22. I certify that (1)	II CONDITIONS CO BUT NOT RELATION CAUSING IT. ION CAUSING IT. ION 198. COND WAS PERFO UNDERLYING CAUSE OF examine!) (Day) (Yeor)	ONTRIBUTING FED TO THE DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., index of the control of	20 A. AUTOPSY? (Yes or him or about 21 C. WHERE DID Infine bidg., INJURY OCCUR? 21 F. HOW DID IN	OO) 20B. IF YES, WERE IN CERTIFYING CAI (If in Baltimare	FINDINGS CONSIDERED USES OF DEATH? City, give exact locotion)	
MEDICAL CERTIFICATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (1) that (1) (we) last sa	II CONDITIONS COBUT NOT RELATION CAUSING IT. ION 198. COND WAS PERFO UNDERLYING CAUSE OF examiner) (Day) (Year) This hospital) w the deceased	ONTRIBUTING FED TO THE DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., in home, (arm, foctory, street, onetc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work attended the deceased fram 1	20 A. AUTOPSY? (Yes or Particle of the property of the propert	(If in Baltimare	FINDINGS CONSIDERED USES OF DEATH? City, give exact locofion)	
MEDICAL CERTIFICATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (1) that (1) (we) last sa	II CONDITIONS COBUT NOT RELATION CAUSING IT. ION 198. COND WAS PERFO UNDERLYING CAUSE OF examiner) (Day) (Year) This hospital) w the deceased	ONTRIBUTING FED TO THE DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., index of the control of	20 A. AUTOPSY? (Yes or Particle of the property of the propert	OO) 20B. IF YES, WERE IN CERTIFYING CAI (If in Baltimare) AJURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH? City, give exact lacohan)	
MEDICAL CERTIFICATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) that (1) (we) last sa and haur and fram the	II CONDITIONS COBUT NOT RELATION CAUSING IT. ION 198. COND WAS PERFO UNDERLYING CAUSE OF examiner) (Day) (Year) This hospital) w the deceased	ONTRIBUTING FED TO THE DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work attended the deceased from 11 and one of above. (11) (We) (did) (did not)	20A. AUTOPSY? (Yes or him or about 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN 19 (a) and to the bady after death when bady after death	ODE OF THE STATE O	FINDINGS CONSIDERED USES OF DEATH? • City, give exact lacohan) 11-27-19 (
MEDICAL CERTIFICATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI 19A.DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) that (1) (we) last sa and haur and fram the condition of the con	II CONDITIONS COBUT NOT RELATION CAUSING IT. ION 198. COND WAS PERFO UNDERLYING CAUSE OF examiner) (Day) (Year) This hospital) w the deceased	ONTRIBUTING FED TO THE DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., in the content of the con	20A. AUTOPSY? (Yes or him or about 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN 19 (a) and to the bady after death when bady after death	ODE TO THE TENT OF	FINDINGS CONSIDERED USES OF DEATH? • City, give exact lacohan) 1(-2 + 19 66	
MEDICAL CERTIFICATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) that (1) (we) last sa and haur and fram to 23A. SIGNATURE While 23C. PHYSICIAN'S NAME (Type)	II CONDITIONS CO BUT NOT RELATION CAUSING IT. ION CAUSING IT. ION 198. COND WAS PERFO UNDERLYING CAUSE OF examiner) (Day) (Yeor) (this hospital) w the deceased he causes state	ONTRIBUTING FED TO THE DITTON FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., into the content of the content	20A. AUTOPSY? (Yes or Particle of Particle	ODE TO STORE THE START OF THE S	FINDINGS CONSIDERED USES OF DEATH? City, give exact lacotion) 11-24-19 (6) nian death accurred an the d	
MEDICAL CERTIFICATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) that (1) (we) last sa and haur and fram to 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) MICHA	II CONDITIONS CO BUT NOT RELATION CAUSING IT. ION CAUSING IT. ION 198. COND WAS PERFO UNDERLYING CAUSE OF examiner) (Day) (Year) Ithis hospital) w the deceased he causes state R.	ONTRIBUTING FED TO THE DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, (arm, foctory, street, onetc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work attended the deceased fram	20 A. AUTOPSY? (Yes or he are a should provide the bidg., INJURY OCCUR?) 21 F. HOW DID IN 19 (and the should provide the bady after death provide the bady after	ODE TO STATE OF STATE	FINDINGS CONSIDERED USES OF DEATH? City, give exact lacohan) 11-24-19 (6) nian death accurred an the death accurred and the death accu	
MEDICAL CERTIFICATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) that (1) (we) last sa and haur and fram to 23A. SIGNATURE While 23C. PHYSICIAN'S NAME (Type)	II CONDITIONS CO BUT NOT RELATION CAUSING IT. ION CAUSING IT. ION 198. COND WAS PERFO UNDERLYING CAUSE OF examiner) (Day) (Year) Ithis hospital) w the deceased he causes state R.	ONTRIBUTING FED TO THE DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work attended the deceased fram	20A. AUTOPSY? (Yes or him or about 21C. WHERE DID Infine bidg., INJURY OCCUR? 21F. HOW DID IN 19 (and the bidge of the bi	ODE TO STATE OF STATE	FINDINGS CONSIDERED USES OF DEATH? City, give exact locohon) 11-24-19 (6) nian death accurred an the death accurred and the death accurred accurred and the death accurred and the death accurred and the death accurred and the death accurred accurred and the death accurred accurred and the death accurred accurred accur	

23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS HOSPITAL AGL 51EGAL UNIVERSITY M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) Maryland Frostburg, Nov 28, Frostburg Memorial Park Burial k966 25B. NAME OF ohn J. Hafer 25A. DATE REC'D. ADDRESS 230 Balto Ave. Cumberland VS 150-REV. 7/1/65 Md



VS 150-REV. 17785

		BALTIMORE CIT	Y HEALTH DEPARTMENT		00 110
BIRTH NO.	66 1189	5 CERTIFICA	TE OF DEATH	Registered Na.	66 11895
M.E. CASE NO.	ASED		2. DATE AND	HOUR OF DEATH	1
(Type or Print)	LILLIAN OC	TAVIA TITTER	Nov 2	5,1966	5.00
	H IN BALTIMORE, MA		4. USUAL RESIDENCE (Where	deceosed lived. If i	institution: residence before admissi
			A. STATE B. COUNT	Y	
FULL NAME OF HOSPITAL OR	(If not in hospital a	or institution, give street	Maryland		
INSTITUTION	ougless of locollon		C. CITY OR TOWN (If outsi	ide city limits, write	RURAL ond give township)
)			Baltimore		12-03
Century	Nursing Ho	ome		rol, give location)	
			+	orth Ave	
5. SEX	. RACE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	lo	AGE (In years est birthdoy)	Months Doys Hours Min.
female	white	Divorced	June 20,1891	75	
		10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
	orking lile, even if relired)	T a say d man	Mamazana		
Seamesti		Laundry	Maryland	F	USA
STATIFICA NAM			I MALLIER 2 MAINER HAW		
Beni	amin Everet	c t	Mary Jan	e (Unkno	
15. Was Deceased	amin Everei iver in U. S. Armed Ford If yes, give wor or dote	s of service) 1 6. SOCIAL S ECURITY NO.	17. INFORMANT	0.0	ADDRESS
1.00	, 00, g	215-01-556	8 Clifton L.T	00	5 Mildred Avenu
1B.			OF DEATH	Treat DA	ndalk 21222
7 15 1	21/		DE DEATH		ONSET AND DEATH
	OR CONDITION DIR	ECTLY	1 0 5 1.	The Day	.0. 0
	I mean the made of	dying, e.g., DUE TO	alis - aspu	ase 100	Mint.
	sthenia, etc. It means		mesting t	teart?	allen
injuly at comp	lication which caused	death.)	80		CUNTO
A	NTECEDENT CAUSES	(B) (B) (DUE 70	reisone	110	007
DISEASES OF	CONDITIONS, if	, ,		· C · · ·	1
	abave cause (A)	sloling the (C)	M. Jean	whale	acom
UNDERLING	CONDITION lost.				
Z CTUES SIGNUE		CNITRIBILITING			
E TO THE DE	CANT CONDITIONS C	TED TO THE			
DISEASE OR C	ONDITION CAUSING	T. DITION FOR WHICH OPERATION	[20 A. AUTOPSY? (Yes or No)]	OOD IE VEG WEED	FINDINGS CONSIDERED
19A. DATE OF	WAS PERI		20%. AUTOPST! (Tes of No.	IN CERTIFYING C	AUSES OF DEATH?
				07 : 8 1:	
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	lit in Boltimo	ore City, give exact location)
U	medical examiner	etc.)			
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY		While At Not Wh			
		Work At Work		1117	3 1
22. I certify t	hat (1) (this hospital) attended the deceased fram	vac T	10 VL	N 15 166
that (I) (we)	ast saw the decease	ed alive on 25	19 66 and tha	t in (my) (aur) ap	oinian death occurred an the c
and haur and	from the causes stat	ted abave. (I) (We) (did) (did nat)			
23A SIGNATU					238. DATE SIGNED
1111	D. O/100	T M.D. A	tending Med.	Stoff V	
rule	au Cl	pugni SPh		hy s.	11/26/66
23C. PHYSICIAN NAME (Ty	pe)	V	23D. ADDRESS	*	
	Willard Ay	oplefeld M.D	5001 Park Hei	ghts Ave	., Baltimore 222
24A. BURIAL CREM	ATION, 24B. DATE	24C. NAME of CEMETERY OF C			City, lown, or county) (State
REMOVAL (S	recify)	111			
Burial		/66 Meadowridge	Memorial Do	rsex-Mar	yland
25A. DATE REC'D		25B. NAME OF REGISTRAR	250. FUNERAL DIRECTOR	Block.	Very ADDRESS
21	OV 28 1066	PORP FARME	-Walter Brook	s Bradle	y, Inc., Dundalk



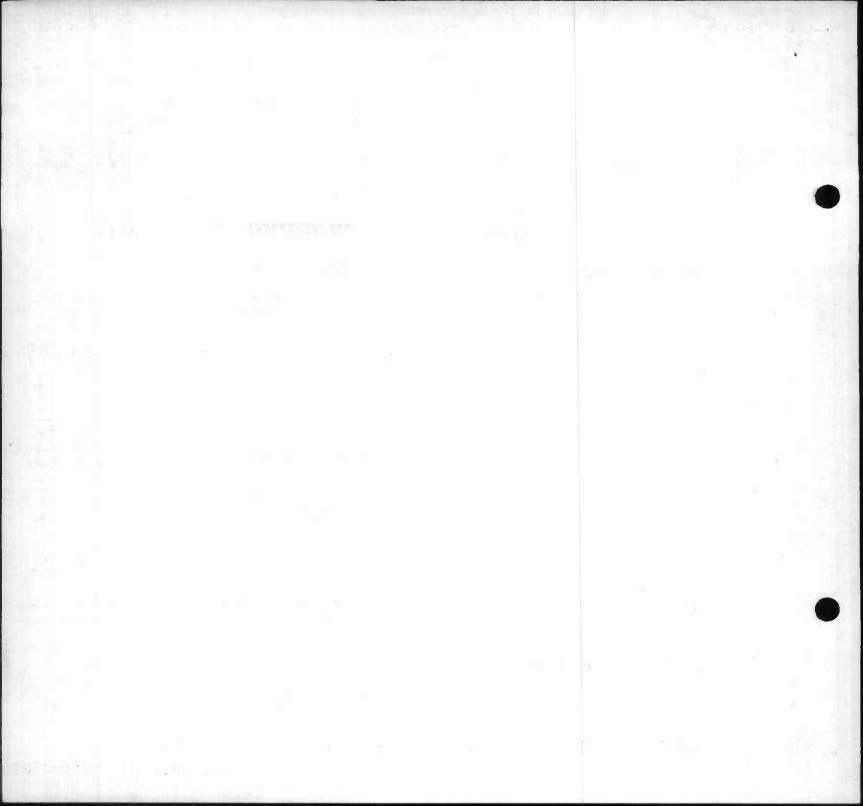
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of d shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decewas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death, and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.
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66 11896		HEALTH DEPARTMENT	Registered No	66 11896		
ALE CASE NO. NAME OF DECEASED SARAH FIS	HBEIN	2. DATE AND	HOUR OF DEATH	11 20		
	31100114		-1966	11,25 a,		
FULL NAME OF (If not in hospital or institution	n, give street	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission a. STATE B. COUNTY Md. BALTIMORE				
HOSPITAL OR address or location) INSTITUTION		BALTIMORE D. STREET ADDRESS (If ru		27-17		
Levindale Aged Home		LEVINDALE HEBREI		RMARY Belvedere.		
	D, NEVER MARRIED (Specify)	3-3-73	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.		
OA, USUAL OCCUPATION (Give kind of work 108, KIND one during most of working life, even if retired) Housewife At H		11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?		
HOMEWIJE At H	ome	14. MOTHER'S MAIDEN NAM		0 317		
Israel Traficant		Dubby ?				
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dates of service		SIDNEY FISHBE	IN 330	3 MAYFAIR Rd.		
118.	No CAUSE O	F DEATH	N)	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY	2.0		0.41.5.4	ONSET AND DEATH		
LEADING TO DEATH (This does not meen the mode of dying, e.	(A) 5 P	CONCHOPNEUM	ONIA	Eleven Day		
heart failure, asthenia, etc. It means the diseast injury or complication which coused death.) ANTECEDENT CAUSES	(8) DUE TO		*******************************			
DISEASES OR CONDITIONS, if ony, giving ise to the obave couse (A) stoting the UNDERLYING CONDITION lost.	he (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. NON-UNITED FRACTURED RIGHT PLANTS VON-UNITED FRACTURED RIGHT PLANTS PROPERTY HIP 2 YEARS						
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?		
OR CONTRIBUTING CAUSE OF	PIB. PLACE OF INJURY (e.g., in nome, form, factory, street, of etc.)	n or obout 21C. WHERE DID	(II in Boltimore	City, give exact locotion?		
21D. TIME (Month) (Doy) (Yeor) (Hour) 2 OF INJURY	While At Not While Work		RY OCCUR?			
22. I certify that (I) (this hospital) attended	the deceased fram	10-14-19	63 to	11-26-1966		
that (() (we) last saw the deceased alive and ond haur and from the couses stated above.	nian death accurred an the da					
	(una) (una nai) v	ion ind budy offer death.		23 B. DATE SIGNED		
23A. SIGNATURE ore Ardaiz	M.D. Atte	ending Med. S	loff hy s.	11-26-66		
23C. PHYSICIAMS / NAME (Type) JOSE ARDAIZ	M.D.	5912 CROSS CO		VD.		
	NAME of CEMETERY OF CRE	MATORY 24D, LO	CATION (C)	MORE, Md 21215		
REMOVAL (Specify)	The state of the s	1.01		, and the same of		
	gudas Achim Ans	4 - 4 - 1		Maryland		

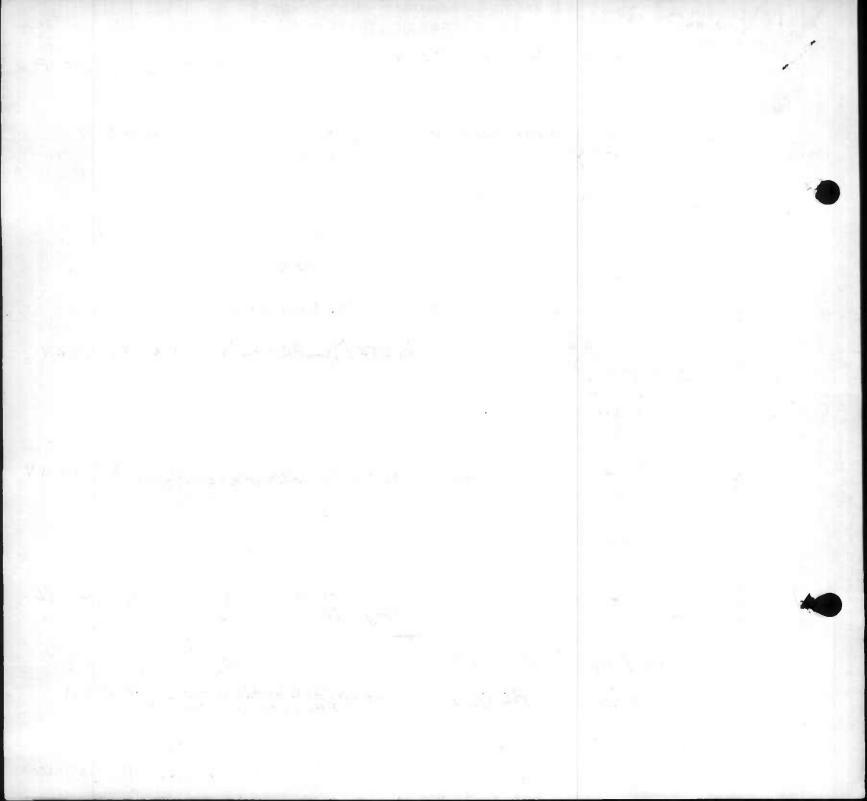
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NOV 29 1986 P. O. J. E. Galler 3 Sol Levinson & Bros. Inc., 6010 Reisterstown

VS 150-REV. 1/1/65



	7 - 00 44000	BALTIMORE CIT	Y HEALTH DEPARTMENT	00 44800				
BIRT	203 66 11897	CERTIFICA	ATE OF DEATH Registered N	. 66 11897				
1 . N (Typ	AME OF DECEASED REBECO		2. DATE AND HOUR OF DEA	6.20 P.M.				
3. P	LACE OF DEATH IN BALTIMORE, M	ARYLAND	4. USUAL RESIDENCE (Where deceased lived. I A. STATE B. COUNTY	f institution: residence before admission)				
H	OSPITAL OR oddress or locot	ol or institution, give street	Maryland C. CITY OR TOWN (If outside city limits, wri	te RURAL and give township)				
	EVINDALE HEBI	PEW HOME >	Baltimone D. STREET ADDRESS (If rural, give location)	27-17				
	INFIRMARY.	,,,,,,	D. STREET ADDRESS (If rurol, give location) Levindale Aged Home					
	emale White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	9. AGE (In years lost birthday)	If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.				
	USUAL OCCUPATION (Give kind of we during most of working life, even if retired		Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Н	ousewife	At Home	Russia	USA				
	FATHERS NAME		14. MOTHER'S MAIDEN NAME					
B	erl?		Unknown ?					
5. Y	Was Deceased Ever in U. S. Armed F ,no or unknown) (If yes, give wor or do	orces? otes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
	No	No	Mr. Louis Balk, Levin	dale Aged Home				
	18. / 50 / 1	CAUSE	OF DEATH ITE MYOCARDIAL INFARC	INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION D	DIRECTLY	- Milanana Ililana	The Volumes				
	LEADING TO DEAT	(A) HC	ITE / YOCHKDIAL INFARC	TION NOT KNOWN				
	heart failure, asthenia, etc. 11 mear	ns the disease,	,					
	injury or complication which cause							
	ANTECEDENT CAUS	DUE TO						
	DISEASES OR CONDITIONS, if	A CONTRACTOR OF THE CONTRACTOR						
	UNDERLYING CONDITION last.	To some the contract of the co						
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE	CONTRIBUTING DOSE DIASO	CLEROTIC CARPIONASCULAR	Dieses NOT KNOWN				
CA		ONDITION FOR WHICH OPERATION		RE FINDINGS CONSIDERED				
EK III		ERFORMED		CAUSES OF DEATH?				
ב כ	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Boltin	more City, give exact location)				
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	office bldg., INJURY OCCUR?					
	21D. TIME (Month) (Doy) (Yeo	r) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
\$	OF INJURY (APPROX.)	While At Work Not Wi	ile	,				
	22 Magnetify that (A) (this hasnis	al) attended the deceased from	7/3/ 10/3	11/24/1966				
		11/0	4/ 1866					
	that (W) (we) last saw the deceased alive an							
	23A. SIGNATURE	rated above. (H) (We) (did) (did.mot)	view the body after death.	228 DATE SIGNED				
	Berrae 8	sercu, h. V. M.D. A	ttending Med. Staff	11/24/66				
	23 C. PHYSICIAN'S	P	TOOD ADDRESS	11/21/				
	NAME (Type) GEORG	F BERCII MI	LEWNDALE HEBREW HOM	IE & INFIRMARY				
244	BURIAL CREMATION, 248. DATE	24C, NAME of CEMETERY of C	REMATORY 24D. LOCATION	(City, town, or county) (State)				
	REMOVAL (Specify)	A CONTRACT OF CONTRACT OF CO	2701 200011011					
) E A	Burial 11/28/	166 Maryland Lodge	Rosedal Sol Levinson & Bros. In	e, Maryland				
COP	DATE REOD BY REALIR DEPT.	230. MAME OF REGISTRAR	3 0 - 0 1 - 1 - 1 - 1 - 1	ADDRESS				
	NOV 29 1966	AZ O BE STORVENME	por Levenson & Bros. In	c., but keesterstown				

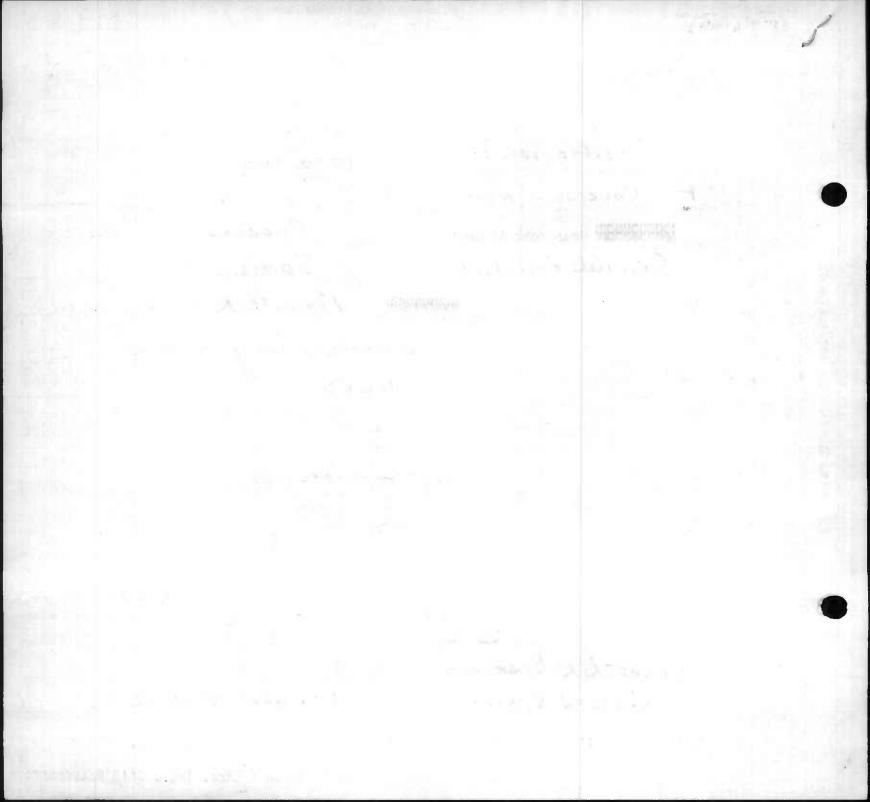


ίŤγ	NAME OF DE	CEASED	HYMAN		POTTS		Novem	hour pronounce ber 25, 1966	5 1:3	
3. f	LACE IN BAL	TELOT	YLAND, WHERE	PRONOUN	ENDED	M	aryland	deceosed lived. If instit 8. COUR		
HO	SPITAL OR TITUTION	A D D RES	OR LOCATION	٧)	1-3-67		altimor		RURAL ond give to	wnship)
1	16 Lu	theran	Hospital					leville Aver	nue	
5. \$	Male	6. RACE	WID		VORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Months Doys H	
don	USUAL OCC during most of Tail	working lite, eve	kind of work 10B. en if retired)	Ward U	BUSINESS OR INDUSTR Iniform Co. Employed -	Russia			12. CITIZEN OF WHAT COUNTY	TRY?
13.	ATHER'S NAK	NE Dodde		2000		14. MOTHER'S M.				
			.S. ARMED FOR		6. SOCIAL SECURITY NO.	Esther 17. INFORMANT	. ?		ADDRESS	
-	No 18.		CGWA	16.00	Unknown_		ie Satt	ler, 5203 B	elleville	
	15	010	33#2	10-05-	0375 CAUS	E OF DEATH			ONSET	
	DISEA	LEADING	DITION DIRECT TO DEATH	ILY	Sub	acute bact	terial e	endocarditis		
NOI	DISEASES RISE TO TH	IE ABOVE CA NG CONDIT	IONS, IF ANY, USE (A) STATIN ION LAST.		(B)					
FICAT	TO THE	DEATH BUT	ONDITIONS CON NOT RELATE N CAUSING IT.			clerotic h	neart di	sease		
L CERT	2		WAS PERFORA	AED	HICH OPERATION	Yes		208. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?	ED
EDICA	21 A. EXTERNA UNDERLYING UTING CAU	OR CONTRI	B-	21 B, Pl home, etc.)	form, foctory, street,	in or about 21C. W office bldg., INJURY	HERE DID (f in Boltimore City, giv	e exact (acotion)	
Σ	21D TIME OF INJURY (APPROX.)	(Month) (I	Doy) (Year) (WHILE WORK	DENI DID MO	RY OCCUR?		
	22.	tify that I h	eld an Inqui		InspectionAu		I that on this	s basis, death in m	y opinlon	
	ACTUA SIGNAT	L /0	horle	X A	scident Suicio		EDICAL EX			SIGN
	EXAMIN	NER'S C	harles S	. Spri	ngate, M.D.	ASSOCIATE M	EDICAL EX	AMINER NOV	vember 25,	196
	NAME (Type)								

V.S. 153 1-3-67 M.H.

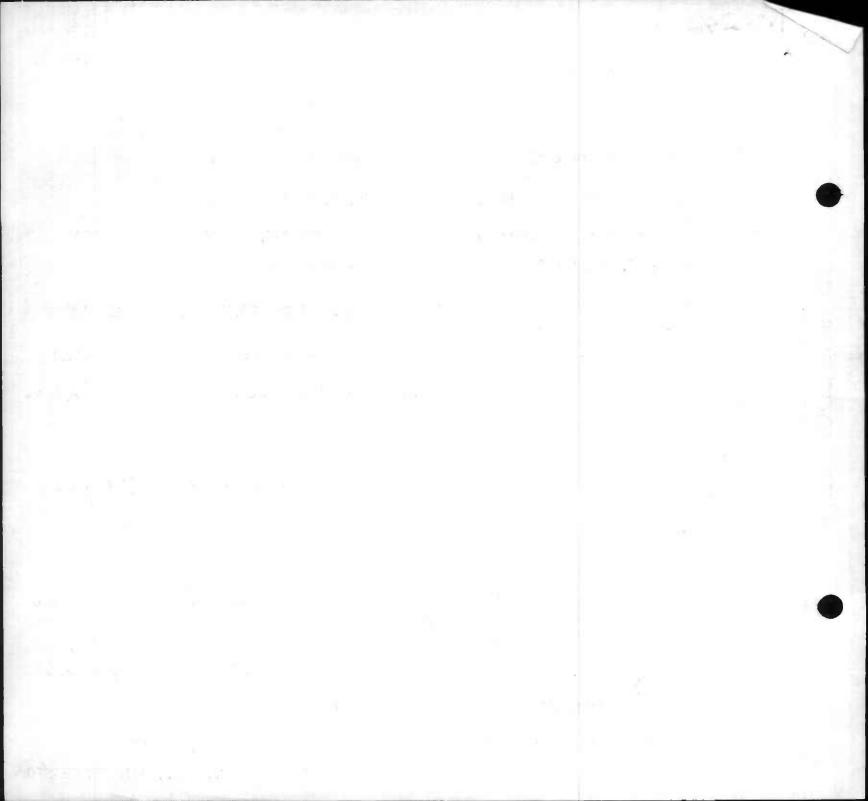
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	This certificate must be approved by the chief medical examiner or his assistant if death accurred in a haspital and the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An occident of ony noture; (2) Body burns; (3) A frocture of ony kind; (4) Undetermined couse; (5) Deceosed	(except where the physicion who pronounced deoth was in regulor ottendonce on the	deceased prior to death); and (6) No physicion was in regular attendance on the deceased prior to death. Such	nade.
	or con	ndeterr	in re	deceos	tion is
=	irect of	(4) U	h was	n the	isposi
RTAN	f the d	y kind;	d deot	o esuc	finol o
IMPO	or his c	re of on	nounce	ottend	med or
FUNERAL DIRECTOR: IMPORTANT	examiner exominer.	3) A froctur	n who pror	in regulor	written approvol must be obtoined before the remains ore embalmed or finol disposition is made.
ERAL DI	ef medical medical	dy burns; (physicion	cion was	he remains
FUN	y the chi	e; (2) Bo	rhere the	No physi	before t
	be hospi	ny notur	except w	(9) pup	ptoined
	t be opposed to t	ent of o	spital (e	deoth);	nust be c
	cote mus	An occid	wos D.O.A. ot o hospital	rior to	provol m
	certific	ws: (1) 1	D.O.A.	d pespe	ten ap
	This	shov	WOS	dece	WIT

100		00 11	000	BALTIMORE CITY	HEALTH DEPARTMENT		60 11000
BIRT	3 0.	66 11	633	CERTIFICA	TE OF DEATH	Registered No.	66 11899
	AME OF DE	CEASED				ND HOUR OF DEATH	. 40
	e or Print)		GUSSI	E FRIEDI	nan n	100. 271	966 6 P. M
3. P	LACE OF D	EATH IN BALT	MORE, MARYLAND				nstitution: residence before admission)
F	ULL NAME	OF (If not	in hospital or institut	ion, give street	Maryland		
	NOITUTITE		2 GEN H	1 setal		itside city limits, write	(URAL ond give township)
	10			-	Baltimore D. STREET ADDRESS (IF	iviol, give location)	01
	48	Ba	eto., mo	21201	407 Park Ave		
5. S	EX	6. RACE		RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yi. If Under 24 Hrs. Months; Doys Hours Min.
43		Cam		varer married		75:	
		CUPATION (Given by Working life, ev		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	MANA	HANNE S	Housework	At. Home.	Rus	sia	USA
13. 1	FATHER'S NA	ME	110000 6370-010		14. MOTHER'S MAIDEN NA	ME	
	5	ame	l Frie	dman	Sad	ie Sche	rr
15. \ (Yes	Nos Deceose	ed Ever in U. S.	Armed Forces?	1 6. SOCIAL SECURITY NO.	17- INFORMANT		ADDRESS
	NO			NAMMANAMEN	Kennet	WR KO	skine of MD
	1B. 4 7 7	5 / 1		UNRNOWN CAUSE O	F DEATH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INTERVAL BETWEEN
	DISE	ASE OR CONI	DITION DIRECTLY				ONSET AND DEATH
		LEADING T		w pla	bable carana	ry occlu	sion
			e mode of dying,	e.g., DUE TO	***************************************	1	
			c. It meons the disc rich coused deoth.)		7.6		
		ANTECEDEN	T CAUSES	(B) /	icvo.		
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	UNDERLYIN	NG CONDITIO	N lost.				
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		R CONDITION			20A. AUTOPSY? (Ves or N		TANAMAS CONSIDERA
CERTIFIC	MA. DATE	OF OPERATION	WAS PERFORMED	FOR WHICH OPERATION	NA AUTOPST? (Ves 6) N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CE	21A. ACCID	ENT WAS UN	DERLYING	218, PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimor	re City, give exact location)
AL		BUTING CAL		home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
U	21 D. TIME		Pay) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	IIIBY OCCUP	
MEDI	OF INJURY	(//////////////////////////////////////	oyr (reon (rioon	While At Not While		JORT OCCOR:	
	(APPROX.)			Work At Work			1
	22. I certif	y that (1) (thi	is hospital) attend	led the deceased from	11 124	1966 to /	1127 1966.
	thot (1) (we	e) last sow th	ne deceased alive	on 1/27	19 66 ond th	nat in (my) (our) op	inion death occurred on the date
	and hour o	nd from the c	ouses stated obov	(We) (did) (did not)			
	23A. SIGNAT						23B, DATE SIGNED
	V.		I DV.	LA M.D. AH	ending Med. S. Director	Stoff Phys.	
	23C. PHYSIC	nnela	S. Nova	renew Phy	s. Director 23D. ADDRESS	Phys.	
	NAME	(Type)	-10	1 -11 10 140	3 4	120/4 6	TAL PAISS
		KENNE	ETH KIK	COSKINEN M.D.	ma 6€		THE PALTO. Ma
24A	REMOVAL	(Specify) 24	B. DATE 24	C. NAME of CEMETERY of CR	EMATORY 24D. I	OCATION (C	City, town, or county) (State)
200	Burial	D 87 1151: 311	11/28/66	hr Knesseth Isr	ael Anshe Sfard	Balti	more, Maryland
25 A	. DATE REC'	D BT HEALTH		and the same of th		R	VDDKE22
		VOV 29	1966 (P. C.)	BE. tarberma	3 Sol Levinson	& Bros. Inc	., 6010 Reisterstown
VS	150-REV. 1/1	1/65					



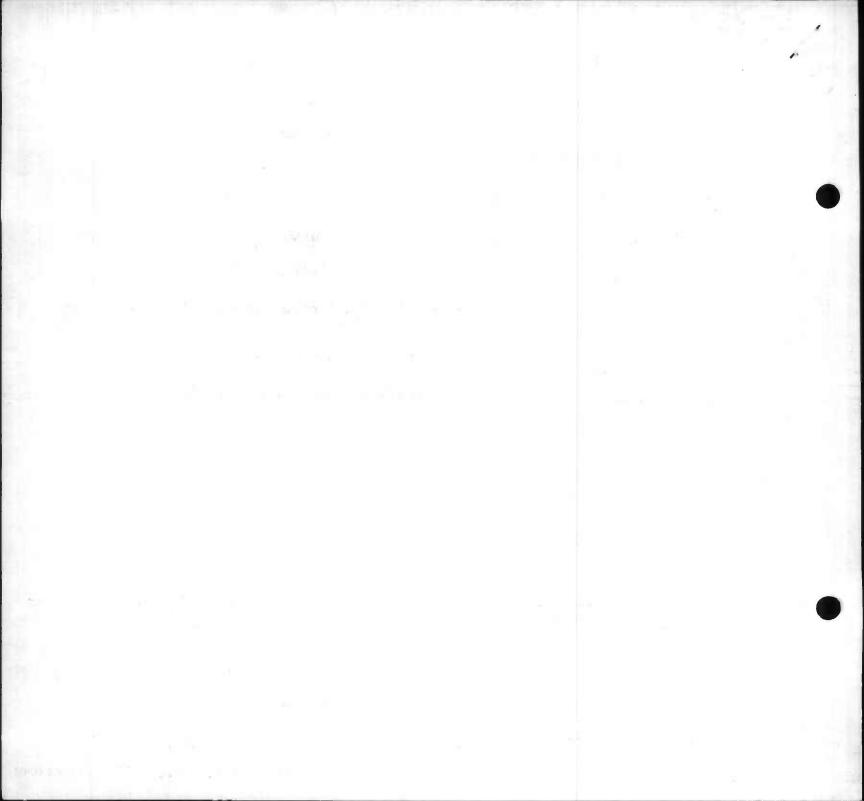
1 -		1- 66	11990		BALTIMORE CITY	HEALTH DEPAR	RTMENT		66	11900
ch o	elt	E. CASE NO.		COB)	CERTIFICA	TE OF DE	ATH	Registered No		A. A. (7) 7 (1)
Suc	1, N	AME OF DEC	EASED	100	1000		2. DATE AN	ND HOUR OF DEATH	, 6	55 1
ė		PLACE OF DEA	TH IN BALTIMORE MA		CHAELSON	A LISUAL RESID	1)	27/66 ere decessed lived. It in:	stitution: socidence	helese admission
eath.		1701 01 01	The second second second			A. STATE	B. COUR	NTY	smonon, residence	Desoile Consission/
70	1	FULL NAME O HOSPITAL OR	F (If not in hospital oddress or location		give street	C. CITY OR TO	AND	itside city limits, write R	RURAL and give to	wn shin)
0	1	NSTITUTION				BALT1		6	27-20	
prior e.		110	Cinai Harrit	m 0		D. STREET ADD		rural, give location)		
70		40	Sinai Hospit			-		NUE #15		
deceased pr	5. \$		6. RACE	WIDOWED	NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRT		9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
is		ALE USUAL OCCL	WHITE JPATION (Give kind of work		RIED BUSINESS OR INDUSTRY		Slote or fore	58	12, CITIZEN OF	į
00			working life, even if retired)						WHAT COU	
sitis	13.	SUPERIA FATHER'S NAM	TENDENT	NAT'L	PLASTICS	14. MOTHER'S M	AAIDEN NA	MARYLAND		ISA
n the dece		MATHAN	J. MICHAELS	ON		EDTEN	SKOIE			
P P	15.	Wos Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	SKUIL		ADDRES	SS
	(Tes	NO	(If yes, give wor or dote	s of service)	SECURITY NO.	1/00 01	/	IT OU IT LOON	2400 0154	1151115
attendance med or fina	_	1B.	LV		CAUSE O	F DEATH	LVIA	MICHAELSON, 3	INTERVA	L BETWEEN
o p			E OR CONDITION DIE	ECTLY		8			ONSET	AND DEATH
atter			LEADING TO DEATH al mean the made of	dvina e.a.	(A) TEA	VAL FA	FILUI	RE	.~ ~	WKS
ממו	100	heart failure,	asthenia, etc. Il means plication which caused	the disease,		0		\Diamond	1	1,
gule			ANTECEDENT CAUSES		(B) 5AU-A	ISIVE K	ECTA	L CARCINO	mAU/	/2 yrs
9 9		DISEASES O	R CONDITIONS, if	any, giving	DUE 10					()
- 0			abave cause (A) CONDITION last.	stating the	(C)				· · · · · · · · · · · · · · · · · · ·	······································
ian was ii e remains			П					-1		
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physician ore the re			CONDITION CAUSING I	Т.	WHICH OPERATION	20 A. AUTOPS	ATCT VIVES OF N	ol 20B. IF YES, WERE F	7 W	Ys.
ysic e th	ERTIFIC	0	WAS PER			7010131		IN CERTIFYING CAL	JSES OF DEATH?	, and a
and (6) No phy obtained before	U	21A. ACCIDEN	T WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	n or obout 21 C. WI	HERE DID	(If in Boltimore	City, give exact I	ocation)
S o	DICAL		medical examiner	etc.						
6 d	MED	OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		W DID IN	JURY OCCUR?		
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obi		22. I certify	that (1) (this hospital) ottended t	he deceased from	1/8		174	77	
h); be c		6	lost sow the deceose		7/0			not i (my) (our) opir	nion deoth occur	rred on the dote
death) must be		23A. SIGNATU		ed obove	(We) (did) (did not) v	iew the body of	fter deoth.		DATE SIGNE	5 /
D E		230.31011410					led.	Stoff	238. DATE SIGNE	.///
rto		23C. PHYSICIA	James	20) leek Phy	s. Di	irector	Phys. L	11/21	166
prior to		NAME (T	pe	AREI	M.D.		10777		/	
deceased prior to written approval	244	BURIAL CRE	JAMES S		AME of CEMETERY OF CRE		SPITAL 24 D. L	OCATION (Cit	ly, town, or county)	(Stote)
dse		BURIA		46 D	ETH TETION		7	ZALTTHARE H.	ADVI AND	
ritt	25A	DUKI A	BY HEALTH DEPT.	25B. NAME C	ETH TFILOH DE REGISTRAR	25C. FUNERA			ARYLAND	RESS
₹ 0				000	Fo Dunka	S cal IE	ITMEON	E RROS THE	4010 PF	TOTERSTON

25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. NOV 29 1966 R. Section SOL LEVINSON & BROS. INC., 6010 REISTERSTOWN



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such the deceased prior to death. Such the deceased prior to death.

RTH NO. 66 11	.901		TE OF DEATH	Registered No	66 11901
I. NAME OF DECEASED			2. DATE	NO HOUR OF DEAT	H
(Type or Print) 3. PLACE OF DEATH IN BALTIMORE,	MARYLAND	E U 701		26/60	institution: residence before admission
			A. STATE B. COL	INTY	
HOSPITAL OR oddress or lo	pitol or institution, cotion)	give street	Maryland C. CITY OR TOWN III	outside city limits, write	e RURAL and give township)
INSTITUTION			Baltimore		27-16
1/2				If rural, give location)	
42 Sinai Ho	spital		3028 Virg	inia Avenue	
Fomalo White	WIDOWI	D, NEVER MARRIED ED, DIVORCED specify) dowed	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of done during most of working life, even if ret		OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Home	Russia		USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
Unknown		•	Leah	?	
5. Was Deceased Ever in U. S. Arme Yes, no or unknown) III yes, give wor or	d Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		220-46-9091	Mr Loonard	Fuzont 0710	! Hanson Avenue
18. ()		CAUSE O		acem, cill	INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY		1	./	ONSET AND DEATH
LEADING TO DE		CERE	DRAI HERIN	D Accino	- 17
(This does not mean the mad			DICHE OFFICE	the //cerbe	827
heart failure, asthenia, etc. 11 m injury ar camplication which ca				1/ >	
ANTECEDENT CA		(B) HRI	ERIO SCLEROTT	C HT. DIS	E
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DISEASES OR CONDITIONS, rise la lhe obave cause					
UNDERLYING CONDITION las					
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	RELATED TO T				
19A. DATE OF OPERATION 19B.	CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	Nol 208. IF YES, WER	E FINDINGS CONSIDERED
	PERFORMED			IN CERTIFYING C	AUSES OF DEATH?
27A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner)	f ho	B. PLACE OF INJURY le.g., i me, form, foctory, street, o	n or obout 21 C. WHERE DID	IIf in Baltim	ore City, give exoct locotion)
O 21D, TIME Month) Doy) (Yeor) Hour) 21	E. INJURY OCCURRED	21F. HOW DID II	ALLIBY OCCUPS	
S OF INJURY		Thile AI Not While		TORI OCCUR:	
(APPROX.)		ork At Work		()	/
22. I certify that (1) (this has	<u>pital)</u> ottended	the deceased from	1/19	1966 to 1	1/26 1966
that (1) (we) last sow the dec	eosed olive an	11/26	/ 19 Co Ce ond	that in (my) (our)	pinion death occurred on the d
and hour and from the causes					
23A. SIGNATURE	2,0,00 00044	() (did 1101) (Tow the body offer deoff		23B, DATE SIGNED
			ending Med.	Stoff	11/2 1/1/
32C BHYSIGIANTS	0 0	I cel Phy		Phy s.	11/26/66
23 C. PHYSICIAN'S NAME I Type)	tarian w		23D. ADDRESS	T =01	1
	Sobel	M.D.	Sinai Hosp	ital	n
24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify)	E 24C.1	NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION	City, town, or county) (State)
, , , , , , , , , , , , , , , , , , , ,			l l		
Burial - 11	128/66Mih	no Kodesh Roth	TARGES	Baltimon	Maruland
Burial - 11	128/66Mik	ro Kodesh Beth	Israel 25C. FUNERAL DIRECT	Baltimore	Maryland Address
Burial - 11 25A. DATE REC'D BY HEALTH DEPT.	128/66Mik 66 258. NAME	of REGISTRAR Beth	25C. FUNERAL DIRECT	D. R. J.	ADDRESS
Burial - 11 5A. DATE REC'D BY HEALTH DEPT. 8 150-REV. 1/1/65	128/66Mik 66 258. NAME	ro Kodesh Beth	25C. FUNERAL DIRECT	D. R. J.	Maryland ADDRESS 2., 6010 Reisterst



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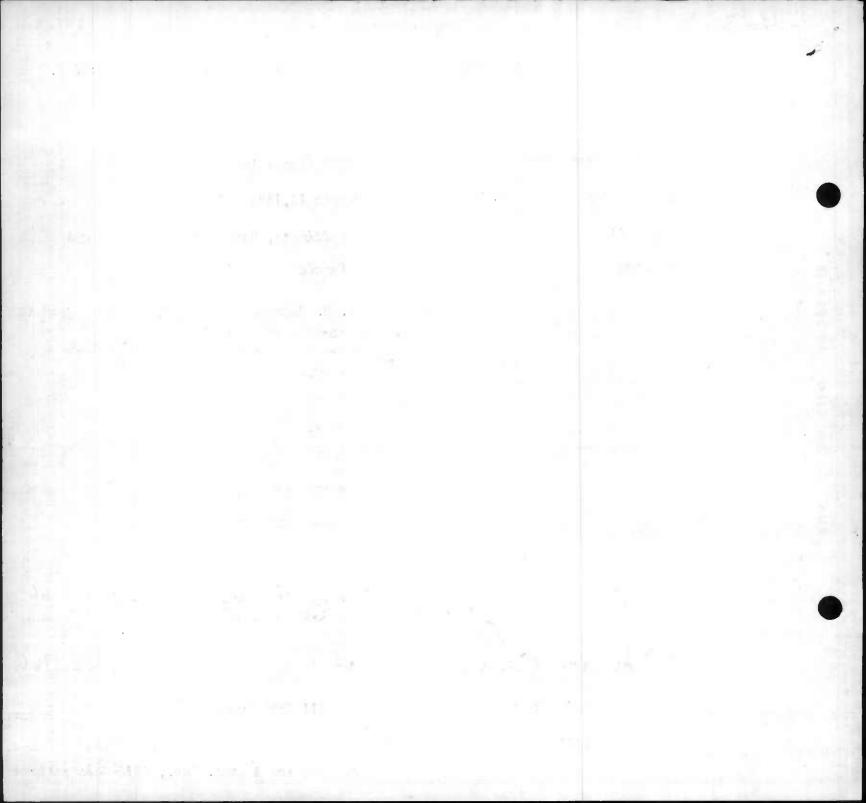
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attendance

BALTIMORE CITY HEALTH DEPARTMENT 66 11902 BIRTH NO. CERTIFICATE OF DEATH Registered No. -M.E. CASE NO. I NAME OF DECEASED 2 DATE AND HOUR OF DEATH (Type or Print) Rose Lea Cluster
3. PLACE OF DEATH IN BALTIMORE MARYLAND November 27, 1966 6:
USUAL RESIDENCE (Where deceased lived, if institution: residence B. COLINTY Maruland (If not in hospital or institution, give street FULL NAME OF address or tocation) C CITY OF TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore prior D. STREET ADDRESS (If rural, give location 3323 Clarks Lane made. 3323 Clarks Lane 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 5. SEX 9. AGE (In venis If Under 1 Yi. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months: Dovs lost birthday) Hours Fomalo November 10, 1896 70 White Widowed 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF disposition done during most of working life, even if retired) Housewike. At. Home Baltimore, Maryland LISA 13. FATHER'S NAME Unknown Fannie 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give was as dates of service) 17. INFORMANT ADDRESS 6. SOCIAL final SECURITY NO. No Konway Road 1B. 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed ears LEADING TO DEATH (This does not mean the mode of dying, e.g., gular heart failure, asthenia, etc. It means the disease, injury or camplication which caused death,) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the the remains UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notily medical examiner etc. MEDIC obtained 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work At Work NOV. 22. I certify that (1) (this hospital) attended the deceased from OCK ond that i (my) (our) opinion death occurred on the date that ((1)) (we) lost sow the deceased affve on 60 and hour and from the causes stated above (1) We ((did)) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Nov. 28,1966 Attending Phys. Med. Director Stoff M.D. Phys. approval prior 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) M.D. Gordon Cader Park Avenue 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. (City, town, or county) (State) REMOVAL (Specify) decease Raltimore, Maryland 66 Baltimore Hebrew 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Sol Levinson & Bros. Inc., 6010 Reisterstown



VS 150-REV. 1/1/65

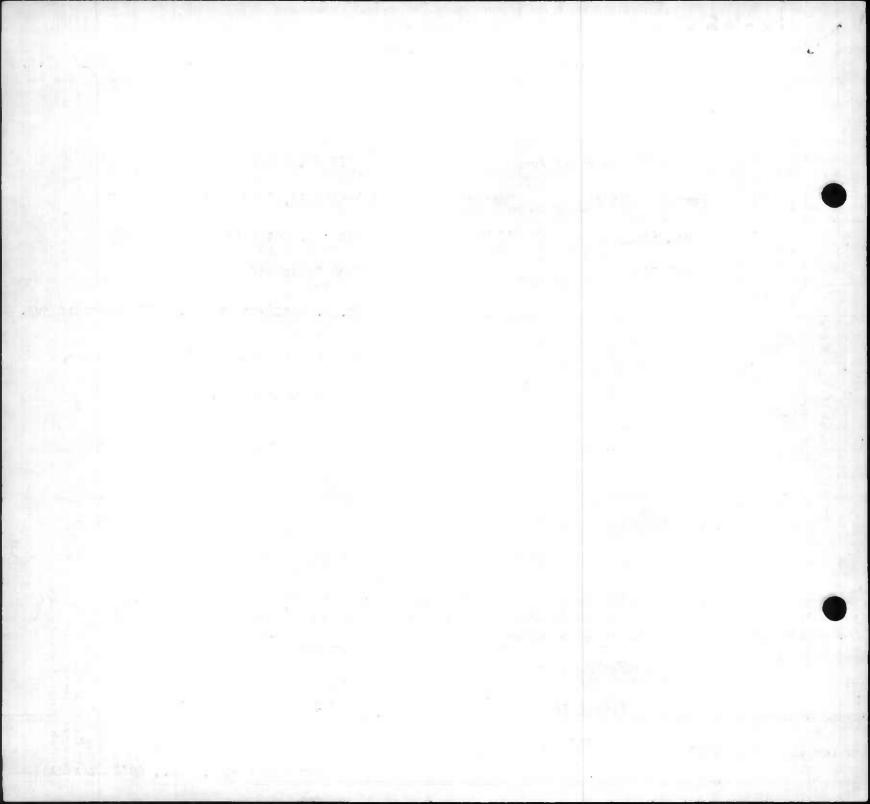
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	BALTIMORE CITY	HEALTH	DEPARTMENT
11000			

CEPTIFICATE OF DEATH

Registered	No.	66	11903

NAME OF DECEASED				2. DATE AND	HOUR OF	DEATH	
ype or Print)	ETHE KD	FMFD		Margant	10 h 26	1966	15A
PLACE OF DEATH IN BALTIMORE, MA	RYLAND	EMEK	4. USUAL RE	SIDENCE (Where	deceosed liv	red. If institution	n: residence before odmiss
FULL NAME OF (If not in hospital hOSPITAL OR oddress or location INSTITUTION	or institution,	give street	Maryl c. CITY OR 1	and		, write RURAL	and give township)
			Balti D. STREET AL	more (If n	urol, give loca	otion)	20
00 6017 Woodcrest	Avenue			WOODCRES			
SEX 6. RACE	7. MARRIED,	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF B		AGE (In ye	ors If U	nder 1 Yr. , II Under 24 I hs: Doys Hours Min
Female White A. USUAL OCCUPATION (Give kind of work			Februar		,	2	CITIZEN OF WHAT COUNTRY?
Housewife	At	Home	Ronbl	ou Vina	inia	, T	USA
FATHER'S NAME	700	1.Uno	14. MOTHER	ey. Virg	NE .	1	
Jacob Fine			Leah	Schuchar	t		
. Was Deceased Ever in U. S. Armed Fore es, no or unknown) (If yes, give wor or dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMA	NT			ADDRESS
No		Unknown CAUSE O	Mr. H	. Mortine	er Krem	er. 6017	Woodcrest AL
ANTECEDENT CAUSES		(B)C	enter	has He	n-FF	ilvre	1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CAUSING TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I	ony, giving sloling lhe	(C)		line He			/ d-)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CAUSING I DISEASE OR CONDITION CAUSING I 19A. DATE OF OPERATION 19B. CON WAS PERIOR	ony, giving stoling the CONTRIBUTINATED TO THIS.	(C)			20B. IF YES,		GS CONSIDERED
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION To the DEATH BUT NOT RELATED TO THE DEATH SECONDITION TO THE DEATH (NOTIFIED TO THE CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) COF INJURY (APPROX.) 22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and fram the causes stated that (I) (we) last saw the decease and haur and fram the causes stated that (I) (The DEATH CAUSE OF THE CAUSE	ony, giving sloling the CONTRIBUTIN ATED TO THIT. CONTRIBUTION FOR FORMED 21B hon etc. (Hour) 21E Who wo	WHICH OPERATION PLACE OF INJURY (e.g., in the property of the	20A. AUTO n or obout 21C. fice bidg., INJU 21F. e	WHERE DID INJURY OCCUR? HOW DID INJUINATION OF THE MEDIT OF T	20B. IF YES, IN CERTIFYI (If in IRY OCCUR? 9 7 / ta of in (my) (co	WERE FINDIN NG CAUSES Community of the c	GS CONSIDERED OF DEATH? give exact locotion) 2-6
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CAUSING I DISEASE OR CONDITION CAUSING I 19A. DATE OF OPERATION 19B. CON WAS PERIOR OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 27A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and from the causes stated that (I) (we) last saw the decease and haur and from the causes stated that (I) (The causes of the causes o	ony, giving sloling the CONTRIBUTIN ATED TO THE IT. CONTRIBUTION FOR FORMED 218 homete. (Hour) 21E Who Who 1) attended the dalive an ted abave. (Labera 24C. N 166 Oh	G WHICH OPERATION PLACE OF INJURY (e.g., in ne, form, foctory, street, of ne, form) INJURY OCCURRED While At Work The deceased from M.D. Attended M.D	20A. AUTO 1 or obout 21C. fice bidg., INJL 21F. 9 1 17 Lew the bady 23D. ADDRESS 40	WHERE DID INJURY OCCUR? HOW DID INJUINATION OF THE MEDIT OF T	20B. IF YES, IN CERTIFYI (If in DRY OCCUR? 9 7 / to ot in (my) (o	WERE FINDIN NG CAUSES Community of the c	GS CONSIDERED OF DEATH? give exact locotion) 2-6



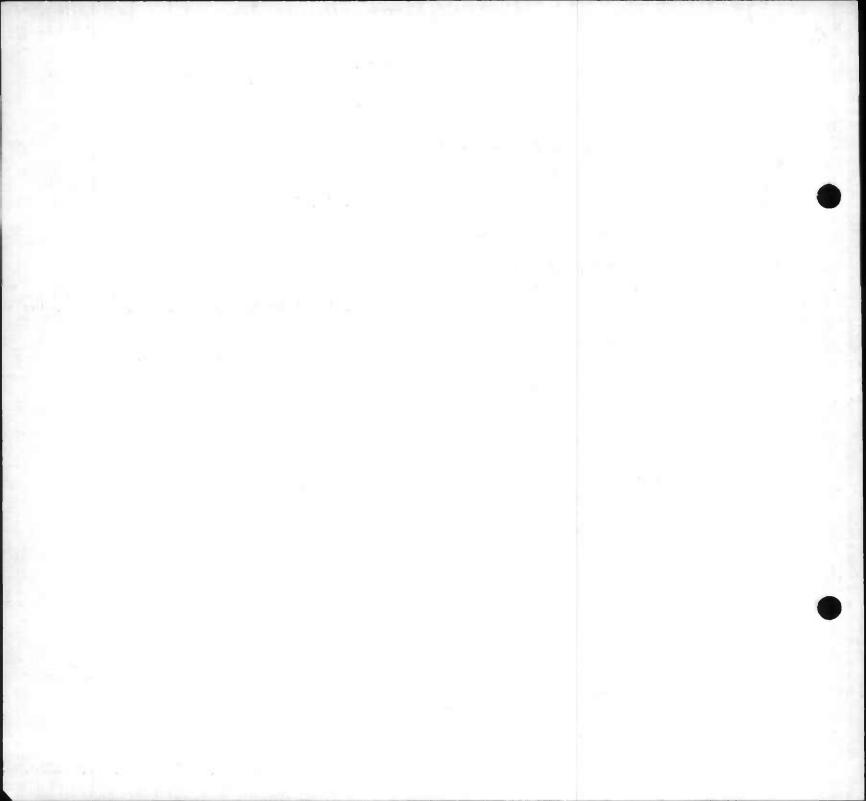
	-0.1400	A	BALTIMORE CITY	HEALTH DEPARTMENT	68 110
BIRTH NO.	66 1190	1	CERTIFICA	TE OF DEATH Registe	ered No. 00 11914
M.E. CASE NO.	EASED			2. DATE AND HOUR O	F DEATH,
(Type or Print)	JUDI	(0)	STRASS BE	FRQ 11/27	166 1143 A
3. PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND		A. STATE B. COUNTY	flived. If institution; residence before admissi
FULL NAME OF HOSPITAL OR	OF (If not in hospital oddress or location		give street	Maryland C. CITY OR TOWN (If outside city lim	its, write RURAL and give township)
4				Baltimore	27-17
1/2	Sinai Hos	sital of	Baltimore	D. STREET ADDRESS (If rurol, give lo	cotion)
79	•			5000 Queensberry	Avenue
5, SEX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH 9, AGE (In last birthdoy)	yeors If Under 1 Yr. If Under 24 I Months: Doys Hours Min
Male	White		iale	Dec. 15, 1902 6:	
10A, USUAL OCC			BUSINESS OR INDUSTRY	11, BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF
	working life, even if retired) Cashier	America	ement Park	Poland	WHAT COUNTRY?
13. FATHER'S NA		rituse	andre i was	14. MOTHER'S MAIDEN NAME	usn
111111811 @ 11611	Moses Strai	shaka		Unknown	
(Yes, no or unknown	Ever in U. S. Armed For	ces? s of service)	SECURITY NO.	17. INFORMANT	Montreal Cánada Earle Rd. Cote St. L
			No	Mrs. Lee Feldman 5531	Earle Rd. Cote St. L
18. 6 O	3 X I		CAUSE O	<u> </u>	INTERVAL BETWEEN
	SE OR CONDITION DI	RECTLY			ONSET AND DEATH
	LEADING TO DEATH		(A) C (1) TO	ONIE RENAL LUSU	FEICIFICA
	not mean the mode of asthenia, etc. It means		DUE TO		THE TENEDON TO THE TE
	nplication which caused				'
	ANTECEDENT CAUSES		(B)	*****	
DISEASES C	OR CONDITIONS, if	anv. aivina	DUE TO		
rise to the	e above cause (A)		(c) 🚯	***************************************	
UNDERLYING	G CONDITION lost.				
Z					
TO THE D	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	ARTERIOSCI	EROTIC REART DIS	TEASE
19A. DATE OF	OPERATION 198. CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 208. IF YE IN CERTIF	S, WERE FINDINGS CONSIDERED TYING CAUSES OF DEATH?
U 21A. ACCIDE	NT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If i	n Boltimore City, give exact locotion)
	medical examiner)	etc.			
0 21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJURY OCCU	R?
OF INJURY			ile At Not Whil	e 🦳	
	10 (1) (1)	Wo		10/11	1-2
	that (1) (this haspital		11/2/	11/8/66/19	
that (I) (we)	last sow the decease	d alive an	11/26	19	(aur) opinion death accurred an the
		red above.(()	(We) (did) (did not)	iew the bady ofter deoth.	
23A. SIGNA	JRE	()	10		23B. DATE SIGNED
1	tances	det	CO M.D. Atte	s. Med. Stoff Director Phys	11/27/66
23 C. PHYSICIA				23D. ADDRESS	17/36
NAME	James So	bel	M.D.	Sinai Hos	pital
24A. BURIAL CRE		24C. NA	AME of CEMETERY of CR	MATORY 24D, LOCATION	(City, town, or county) (State
-	Burial 11/2;	1/66	Labor Zion Ce	meteru Mantre	ıl, Canada
25A. DATE REC'D		,			
SA. DATE REC'D	BY HEALTH DEPT.	258. NAME C	DE REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS

VS 150-REV. 1/1/65

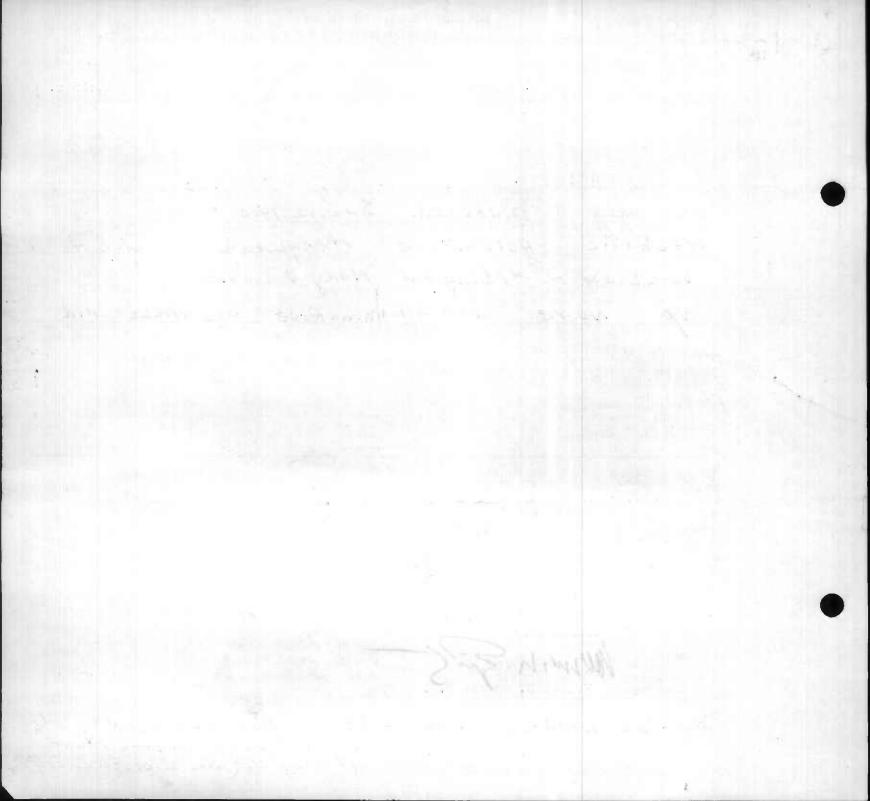
25A. DATE REC'D BY HEALTH DEPT.

Sol Levinson & Bros. 6010 Reist. Rd. Balto, Md

258. NAME OF REGISTRAR



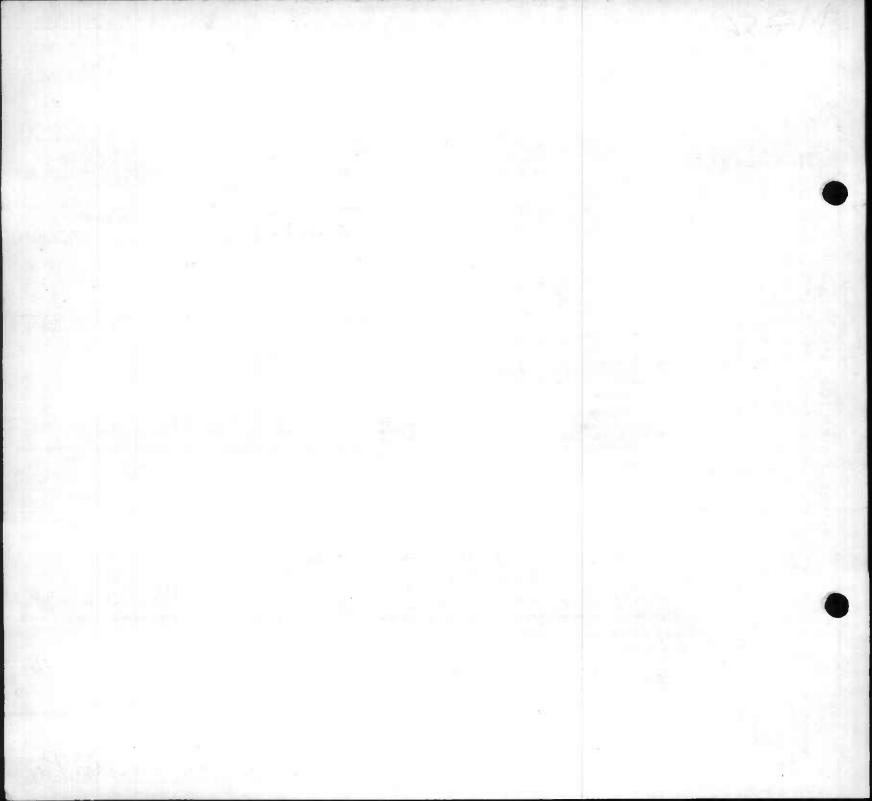
1	86 11905 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 11905								
141-432	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.								
	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR PRONOUNCED DEAD								
	Alvin Milligan 11/26/66 10:25 a. M.								
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY								
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) [INSTITUTION Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)								
	Baltimore D. STREET ADDRESS (If rurel, give location)								
	837 Hollins St. 837 Hollins St.								
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months, Days Hours, Min.								
	male White D. JORGEL D. WWW.12, 1900 60 100. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF								
	done during most of yorking liter even if retired) MECHANIC AUTOMOTIVE MARYLAND WHAT COUNTRY? U-S-H								
	13. FATHER'S NAME								
	WILLIAM M. MILLIGAN MARY O'DONNELL								
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANY ADDRESS (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.								
	NO NONE 213-03-4932 Alning Pawe War HILLS Md.								
	18. CAUSE OF DEATH / INTERVAL BETWEEN								
	DISEASE OR CONDITION DIRECTLY								
	LEADING TO DEATH (A) Arteriosclerotic cardiovascular disease								
	(This does not meen the mode of dying, e.g., DUE TO heart failure, asthemia, etc. It means the disease, injury or complication which caused death.)								
	ANTECEDENT CAUSES								
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO								
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
	(C)								
	OTHER SIGNIFICANT COMPITIONS CONTRIBITING								
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
	no								
	O UNDERLYING OR CONTRIS- home, form, factory, street, office bldg., INJURY OCCUR?								
	Z 21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK								
	22. 1 certify that I held an Inquiry Inspection Autopsy ond that an this basis, death in my opinion								
	resulted from: Notural couses X Accident Suicide Homicide Undetermined monner								
	CHIFF MEDICAL EXAMINER								
	ACTUAL ACSISTANT MEDICAL EVAMINED TO								
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER 11/27/66								
	NAME (Type) Werner U. Spitz, M.D.								
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)								
	BURIAL 11-29-66 CEDAR HILL Anne Arundel Cty Md								
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR WAS HUN ERAL TOME								
	NOV 29 1966 Robert E. Farkey M. Hancis W. Miller 2101 Huderick								



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance directions of the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

00 11000	BALTIMORE CIT	Y HEALTH DEPARTMENT	00 11000
mrth No. 66 11906	CERTIFICA	TE OF DEATH	egistered No. 00 11916
M.E. CASE NO. 1, NAME OF DECEASED		2. DATE AND HO	UR OF DEATH
(Type or Print) Inha Hanny	Messner	9	26-66 17 PM N
3. PLACE OF DEATH IN BALTIMORE, MARYUAN		4. USUAL RESIDENCE (Where dece	eased lived. If institution: residence before admission)
		A. STATE B. COUNTY	n 14 C.
FULL NAME OF (If not in hospital or inst HOSPITAL OR address or location)	itution, give street		MORE Dally Co.
	Garage Haco'l		ity limits, write RURAL and give township)
North charles	General Hospit	D. STREET ADDRESS (If jurol, s	ive location)
119	/	9810 MAGLEO	4 1 0 1
			T NOAD - DITT
SEX 6. RACE 7. M	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AG	E (In years If Under 1 Yi. If Under 24 Hrs. Months; Days Hours; Min.
Male Caucasian	Married	9/29/97	69
OA. USUAL OCCUPATION (Give kind of work 10 B. K	IND OF BUSINESS OR INDUSTR	11. BIRTHPLA'CE (State or foreign cou	(ntry) 12, CITIZEN OF WHAT COUNTRY?
one during mass of working the, even is retired)	D —	Britam	1
3. FATHER'S NAME	amler	14. MOTHER'S MAIDEN NAME	d. Amorican
1	1211000	10	V
Casper /	was free	160SIE	Kaiser Same
. Was Deceased Ever in U. S. Armed Farces? es, no at unknown) (If yes, give wor of dates of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS CZC
110	217-165403	chart	A & C & 23 &
18. 4. 2. 2. 1		OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	ν		ONSET AND DEATH
LEADING TO DEATH	P	Very anoles whise C	arterrand I Veel.
(This does not mean the made of dying		tenoselentic C	The state of the s
heart failure, asthenia, etc. It means the d injury at camplication which caused death			Direct
ANTECEDENT CAUSES	(B)		
	DUE TO		
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating			
UNDERLYING CONDITION last.			
II L			
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 19 A. A. CCIDENT WAS UNDERLYING		20 A. AUTOPSY? (Yes o No) 20 B.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTION CALLES OF	home, form, foctory, street.	in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare City, give exact lacotion)
(DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Doy) (Year) (Har	ut) 21E. INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?
OF INJURY	While At Not Wh		
(AFFRUA)	Work At Work		1 11
22. I certify that (I) (this hospital) atte		NOU 25 196	6,0 NOV 26 1966
that (I) (we) last saw the deceased ali	ve on NON 20	19 6 and that for	(my) (aur) opinion death accurred on the dat
and hour and from the causes stated at			
23A. SIGNATURE		the back eller dealth	23B, DATE SIGNED
11 00 000	M.D. At	tending Med. Stoff	
Sheldin Hold	oller Ph	ys. Director Phys.	□ Nov-26,1966
23C. PHYSICIAN'S NAME (Type)	0	23D. ADDRESS	31 (St. 6 L
Sheldon (7	ald geIPR M.D	848 W	36 me .
4A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CI	REMATORY 24D. LOCATE	ON (City, town, or county) (State)
REMOVAL (Specify)		R	
Burial 11-29-196	6 Moreland Cemet	ery Balti	more, Co. Md
256. I	TOTAL OF RESISTRAR	230. INTERAL DIRECTOR	711
	a a d T. D	2 malber of the	VIL- 07450 School FI
VS 150-REV. 1/1/65	2. S. E. FarkerMA	Hasahno un;	Hours 7401/Slavi Kd

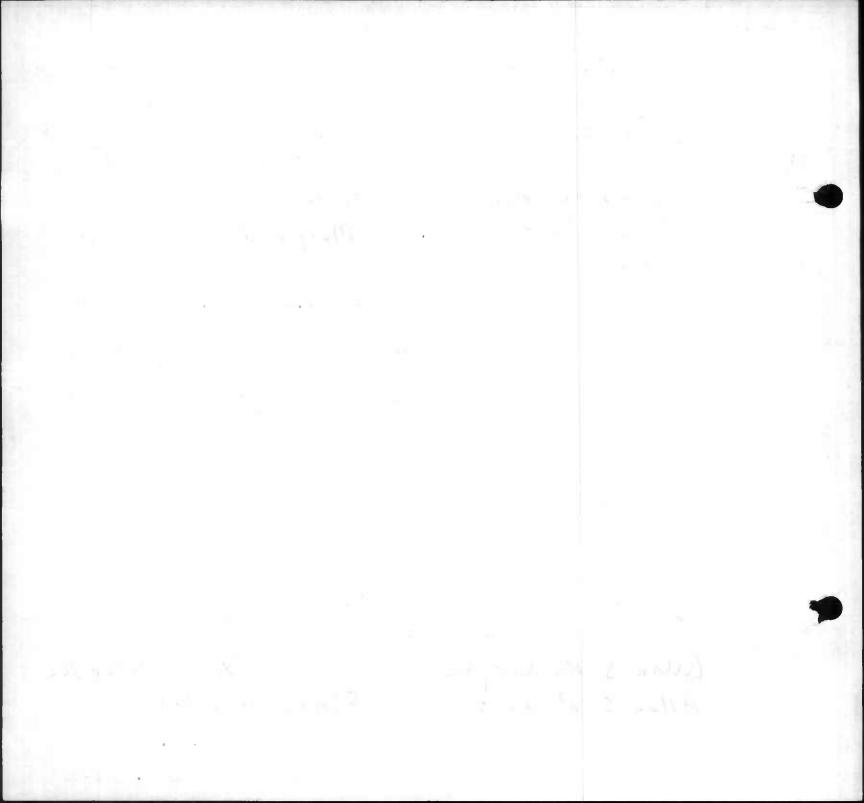


AND OF DETASTO THAT AND HOUR OF DEATH 25-		00 44000	BALTIMORE CITY	HEALTH DEPARTMENT		C1 4 4 4 5 1 1 1
NAME OF DECLASED PLACE OF DEATH IN TALKHOOL MARKAND FILL NAME OF OLD IN TALKHOOL MARKAND SECONDS HOSPITAL TO S	BIRTH NO.	66 11907	CERTIFICA	TE OF DEATH	Registered No	00 1130
PRICE OF DEATH IN BALLMOOK, MARKEAND RULL MADE OF COMES of his basished or institution, give sheet of decessed in his basished or institution, give sheet of decessed or institution. BUNDANCE OF COMES OF COMES OF COMES OF THE STREET ADDRESS (If more, give location) BUNDANCE OF COMES OF COMES OF COMES OF THE STREET ADDRESS (If more, give location) FAIRET ADDRESS (If more, give location) AUSUAL OCCUPATION (Give hind of work loc RIND OF VINNESS ON INDUSTRY 1), BIRTHRACE (State or longing country) AUSUAL OCCUPATION (Give hind of work loc RIND OF VINNESS ON INDUSTRY 1), BIRTHRACE (State or longing country) AUSUAL OCCUPATION (Give hind of work loc RIND OF VINNESS ON INDUSTRY 1), BIRTHRACE (State or longing country) AUSUAL OCCUPATION (Give hind of work loc RIND OF VINNESS ON INDUSTRY 1), BIRTHRACE (State or longing country) AUSUAL OCCUPATION (Give hind of work loc RIND OF VINNESS ON INDUSTRY 1), BIRTHRACE (State or longing country) AUT OF THE TABLESS NAME AUT OF THE VINNESS NAME (A. MOTHERS MANDEN NAME AUT OF DEATH ON FAIR OF THE VINNESS ON INDUSTRY 1), BIRTHRACE (State or longing country) W.F. Emrich 641 N. Woodington Road 10. CAUSE OF DEATH ON FAIR OF THE VINNESS ON INDUSTRY 1), BIRTHRACE (State or longing country) W.F. Emrich 641 N. Woodington Road 11. CALLED OF DEATH ON FAIR OF THE VINNESS ON INDUSTRY 1), BIRTHRACE (State or longing country) W.F. Emrich 641 N. Woodington Road 11. CALLED OF DEATH ON FAIR OF THE VINNESS ON INDUSTRY 1), BIRTHRACE (State or longing country) W.F. Emrich 641 N. Woodington Road 11. CALLED OF DEATH ON FAIR OF THE VINNESS ON INDUSTRY 1), BIRTHRACE (State or longing country) W.F. Emrich 641 N. Woodington Road 11. CALLED OF DEATH ON FAIR OF THE VINNESS ON INDUSTRY 1), BIRTHRACE (State or longing country) W.F. Emrich 641 N. Woodington Road 11. CALLED OF DEATH ON FAIR OF THE VINNESS ON INDUSTRY 1), BIRTHRACE (State or longing country) W.F. Emrich 641 N. Woodington Road 11. CALLED OF DEATH ON FAIR OF THE VINNESS ON INDUSTRY 1), BIRTHRACE (State or longing count	I, NAME OF DE	CEASED WI/ i				15
FULL NAME OF (If not in basiliation, give sheet defense or location) BON SECONDS HOSPITED BOY HOSP		ENITICH, EThiel	Marie			10
MOSPITION SECONS HOSPITAL BOY STREET ADDRESS OIL UNION, will be severe by MOONTO, DIVORCED (specify) LEAD HOSPITAL BOY SECONS HOSPITAL BOY OF STREET HOSPITAL BOY ON HOUR WAY SECONS HOSPITAL BOY OF STREET HOSPITAL BOY ON HOUR WAY SECONS HOSPITAL BOY OF STREET H	S. PLACE OF DI	EATH IN BALHMORE, MARTLAND		A. STATE B. COUNT	deceased lived. If ins Y	titution: residence before odmí:
DEAD Seconds Hospital Street Additional Control of the Second Street Additional Contro		OF (If not in hospital or institut	ron, give street	//Ary/And		
SIX BACE TANABELD, NEVER MARRIED B. DATE OF BIRTH TANABELD TANABELD, NEVER MARRIED B. DATE OF BIRTH TANABELD TANABEL				C. CITY OR TOWN (If outs	ide city limits, write R	URAL and give township)
STAY S. BACE MARBEED, NEVER MARBEED S. DATE OF BIRTH P. AGE GROTYCOTE Under 7x If Under 7x Marbeed Diversion S. DATE OF BIRTH P. AGE GROTYCOTE Marbins Days Hours No. Marbeed Diversion Marbins Days Hours No. Marbins No. Marbins Days Hours No. Marbins No. No.	Bon	Decours Hospiti	9/	D. STREET ADDRESS (If ru	rol, give location)	000
A USUAL OCCUPATION IGN: kind of weak los RIND OF SUSINESS OR INDUSTRY IN. BIRTHPLACE (Side or feeting country) A USUAL OCCUPATION IGN: wand distinct of the subsection of the	34	FAVE He St,	Balta Mil.	1 11 11	1.	Rd
A USUAL OCCUPATION (Give kind of work) (DR KIND OF FUSINESS OR INDUSTRY 1), BIRTHFLACE (State or foreign country) AT HOME AT HO	S EX			B. DATE OF BIRTH 9	AGE (Indyeors	If Under 1 Yr. If Under 24
AT HOME AD RESS BECKETY NO. 7 SECURITY NO. 7 NO. 8 TO NO BETT IN WOOD A SECURITY NO. 7 NO. 8 TO NO BETT IN WOOD AND A SECURITY NO. 7 NO. 8 NO BETT IN WOOD AND A SECURITY NO. 7 NO. 8 NO BETT IN WOOD AND A SECURITY NO. 7 NO. 8 NO BETT IN WOOD AND A SECURITY NO. 7 NO. 8 NO. 8	F	W	1:1.11el	10-25-81		Months Days Hours
FATHER'S NAME AND TOPIC K Was a coased fiver in U. S. Armed Forces? Service of control of the service of the			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n cauntry)	
14. MOTHERS MAME 14. MOTHERS MAME 14. MOTHERS MAME 15. SOCIAL 17. INFORMANT 17. IN	NoT	Anil	At Home	MARYIAM	d	4.4
10. SOCIAL SERVICE NO. 10. SOCIAL SERVICE	3. FATHER'S NA	AME		14. MOTHER'S MAIDEN NAM	E	
10. SOCIAL SERVICE NO. 10. SOCIAL SERVICE	Picking	Franck		Mary 8	PNAAK	
CAUSE OF DEATH CAUSE OF DEATH (This does not mean the mode of dying, e.g., healt failure, esthemic, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) stoling the UNDERLYING CONDITION ISS. OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OFERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 27A-ACCIDENT WAS UNDERLYING NAS PERFORMED 27A-ACCIDENT WAS UNDERLYING home, form, foctory, sweet, office bidgs, INJURY OCCUR? 27A-ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 27A-ACCIDENT WAS UNDERLYING home, form, foctory, sweet, office bidgs, INJURY OCCUR? 27A-ACCIDENT WAS UNDERLYING AUGUST OF Home, form, foctory, sweet, office bidgs, INJURY OCCUR? 27A-ACCIDENT WAS UNDERLYING AUGUST OF HOME along, in or obout 21C, WHERE DID ACCIDENT OCCUR. 27A-ACCIDENT WAS UNDERLYING AUGUST OF A	5. Was Geose	ed Ever in U. S. Armed Forces?		17. INFORMANT		
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DISEASE OF CONDITION 10 10 10 10 10 10 10 1			(m	be a war soul as	malus	
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DEATH (notify medical examiner) Death (notify medical examiner) Death (notify medical examiner) Death (notify medical examiner) Death (notify medical examiner) Death (notify medical examiner) Death (Not While Death (Not While		WAS PERFORMED			IN CERTIFYING CAU	ISES OF DEATH?
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OF INJURY (APPROX.) While At Not While Not While Not While Not Wark Not Wark	U	fy medical examiner	etc.)			
22. I certify that (I) (this haspital) attended the deceased from No. 1. 19 6 to No. 9 19 6 that (I) (we) last sow the deceased alive on No. 1. 25 19 6 and that in(my) (our) apinian death occurred on the and hour and from the causes stated above. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME IType) NAM DOH YANGM.D. Bon Seconts Horpital 14. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Cfy, town, or county) ISIN Burial 11-28-1966 Loudon Park Baltimore, Md.	OF INTLIES	(Month) (Doy) (Year) (Hour)			RY OCCUR?	
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23C. PHYSICIAN'S NAME IType) NAM DOH YANGM.D. Bon Secours Horstal 14. BURIAL CREMATION, REMOVAL (Specify) Burial 11-28-1966 Loudon Park Baltimore, Md.			00			23 B. DATE SIGNED
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NAM DOM 1ANGM.D. Don Secours Hospital AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Cfly, town, or county) ISt. Burial 11-28-1966 Loudon Park Baltimore, Md.						
Burial 11-28-1966 Loudon Park Baltimore, Md.	NAME	NAM DO	H YANGMO.	Bon Sera	urs Her	situl
Burial 11-28-1966 Loudon Park Baltimore, Md.	4A. BURIAL CR	REMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (C)	y, town, or county) ISto
			Loudon Par	ck Bai	ltimore.	Md.
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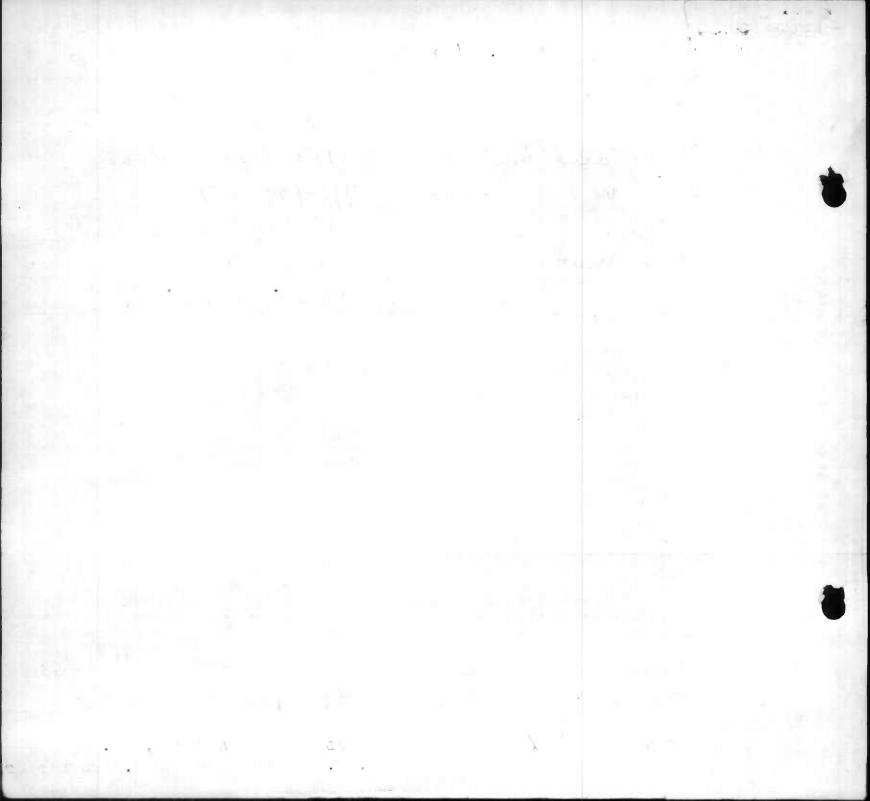
00 44000	BALTIMORE CITY	HEALTH DEPARTMENT	66 11908
BIRTH NO. 66 11908	CERTIFICA	TE OF DEATH Reg	istered Na. 00 11300
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOU	R OF DEATH
(Type or Print) May 5 chude	r	11/281	66 8 5 515 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceo	sed lived, if institution; residence before admission)
FULL NAME OF (If not in hospital or institu	tion, give street	Maryland Ba	1timore Co
HOSPITAL OR oddress or location) INSTITUTION	, g		limits, write RURAL and give township)
Sinai Hospital of	Baltimore	Lutherville	23-20
J. C. T. Spiritation		D. STREET ADDRESS (If rufol, giv	1 1
40			spring HUC.
MID!	RIED, NEVER MARRIED OWED, DIVORCED (specify)	lost birth	(In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
TEMALE White Mi	arried	5/5/28 =	try) 12, CITIZEN OF
done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign count	WHAT COUNTRY?
Decrease	ogical Lab.	Mary land	45A
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
Joseph Evans			nknown
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Howard W. Schuder	Jr. Same
18. / 7 / X	CAUSE C	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ΔΑ		
LEADING TO DEATH	(A) /V/	etastatic Car	cinoma 1/2 yrs.
(This does not mean the mode of dying, heart laiture, osthenio, etc. It means the dis	ease,		
injury or complication which coused death.)	(B) C	rcinoma of Ce	Prvik 1/2 ym
ANTECEDENT CAUSES	DOE 10		
DISEASES OR CONDITIONS, if any, g rise to the obove cause (A) stoting			
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONTRIB	ILTING		
TO THE DEATH BUT NOT RELATED TO			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. I	F YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		in C	ERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, o	n or obout 21 C. WHERE DID	(If in Boltimore City, give exoct location)
DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJURY O	CCUR?
(APPROX)	While At Not Whi At Work		
22. I certify that (4) (this hospital) attend	ded the deceased from	(1) 10 1960	to 11/28 1966
that (M) (we) last saw the deceased alive	111 - 2		(aur) apinian death accurred an the dat
and haur and fram the causes stated aba	ve. (44 (We) (did) (did no t) :		
23A. SIGNATURE		, , , , , , , , , , , , , , , , , , , ,	23B, DATE SIGNED
allan & Rule	M.D. Att	ending Med. Stoff Stoff Phys.	11/28/66
23 C. PHYSICIAN'S		23D. ADDRESS	7 2 7 6
All (n S P. 1	alah M.D.	Sinai Hos	sital
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME OF CEMETERY OF CR		N (City, town, or county) (State)
REMOVAL (Specify) Burial 12 2 1966	Loudon -Par	le De	alto. Md.
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV OO 1000 A	60 m. A	Mc Cully)	130 E. Fort Ave
VS 150-REV. 1/1/65	Jew Z. Jaker M.	The state of the s	TOO BE LUI G - AAG



occurred in a hospital and

		BALTIMORE CITY HE	EALTH DEPARTMENT		
	th No. 66 11909	CERTIFICATI	E OF DEATH	Registered No.	66 11949 -
1. N	AME OF DECEASED LEONA M.	O'CONNOR	2. OATE AND 11/29	HOUR OF CEATH	D
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		STATE B. COUNT		titution: residence before admissi
-	FULL NAME OF (If not in hospital or institution, ACSPITAL OR oddress or location)		CITY OR TOWN (If our	side city limits, write RI	URAL and give township)
4	2		STREET AOORESS (H)	urol, give location)	11-12-
_	may cound beind	(least -	112 4	your !	Zvad
5. S	F W WIDOWE	D, OIVORCED (specify) TDOWED	1/24/09	ost birthdox	If Under 1 Yr. If Under 24 h Months Ooys Hours Min.
	. USUAL OCCUPATION (Give kind of work) 108, KINO Of eduring most of working life, even if retired)	F BUSINESS OR INDUSTRY 11.	BIRTHPLACE (State or Poreig	gn country)	12, CITIZEN OF WHAT COUNTRY?
13. 1	FATHERS NAME	14.	MOTHERS MAIDEN NAM	.0	
15. V (Yes	Wos Oeceosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. Z ~ 46-4161	V	DWARD 8.	FAR MERSS
	18. ef. bf. / X	CAUSE OF D		B OF HOLE	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	//	1		
	(This does not mean the made of dying, e.g.,	DUE TO	u'a enal failure artes	ale T	
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	,	enal failure	acue 10	2 .
	ANTECEDENT CAUSES	(8)OUE TO	, arier	iolo nephro	sclerasis
	DISEASES OR CONDITIONS, if any, giving	00: 10			
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)		\$\dagger\$ \dagger\$ \d	
	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		l'a		
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	
O	21A. ACCIDENT WAS UNDERLYING DEATH (notify medicol exominer)	B.PLACE OF INJURY (e.g., in or me, form, foctory, street, office .)	a bout 21 C. WHERE DID	(If in Boltimore	City, give exoct locotion)
MEDI	OF INJURY	LINJURY OCCURRED hile At Work At Work	21F. HOW DID INJU	JRY OCCUR?	- 111111
	22. I certify that (I) (this hospital) attended t			9ta	19
	that (1) (we) lost saw the deceased alive on			ot in (my) (our) apln	Ion death occurred on the
	and hour and from the couses stated above. (I) (We) (did) (did not) viev	w the body ofter deoth.		
	23A. SIGNATURE				238. DATE SIGNED
	Mauri Celles	M.O. Attendi	Director	Stoff Phys.	124/66
	23C. PHYSICIAN'S NAME (Type)	M.D.	121 Re	eist	But
24 A	A BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY OF CREMA	ATORY 24D. LO	CATION (City	, town, or county) (State
1	BURIAL 11/28/66	NEW CATHE	DRAL	RALTIMODI	e Mp
25A	DATE RECNOVEZ 9 1966 PENAME	OF REGISTRAR	25C. FUNERAL DIRECTOR W. MEARS	& SON RO!	No CAL VER T
	16000	- Variation	1 1111111111111111111111111111111111111	~ ~ ~ ~ OO	N. UALVERT

V\$ 150-REV, 1/1/65

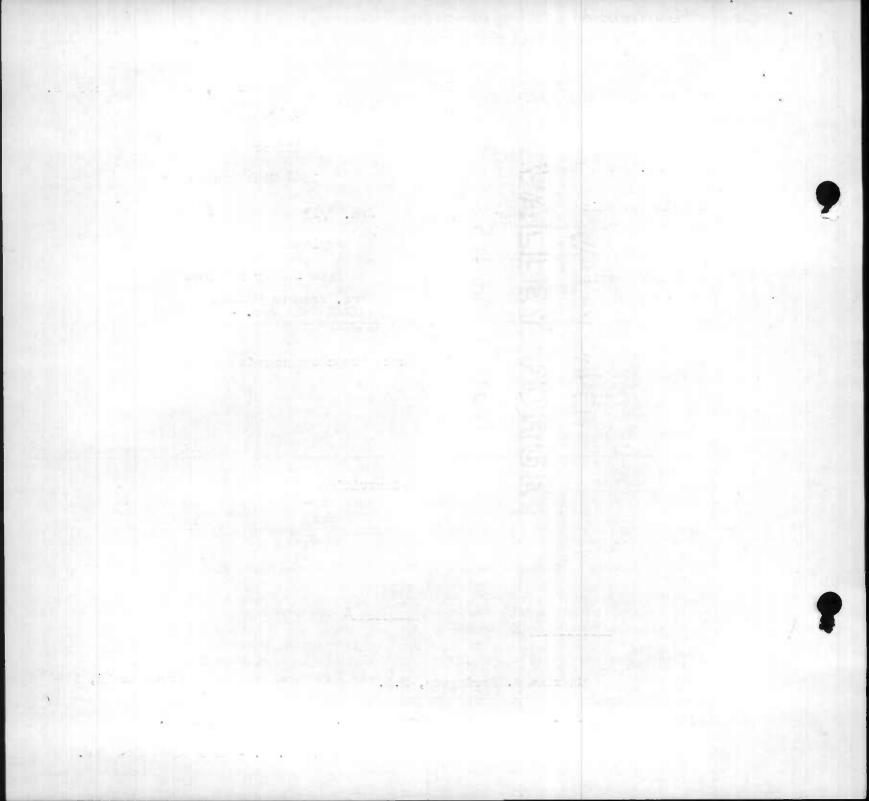


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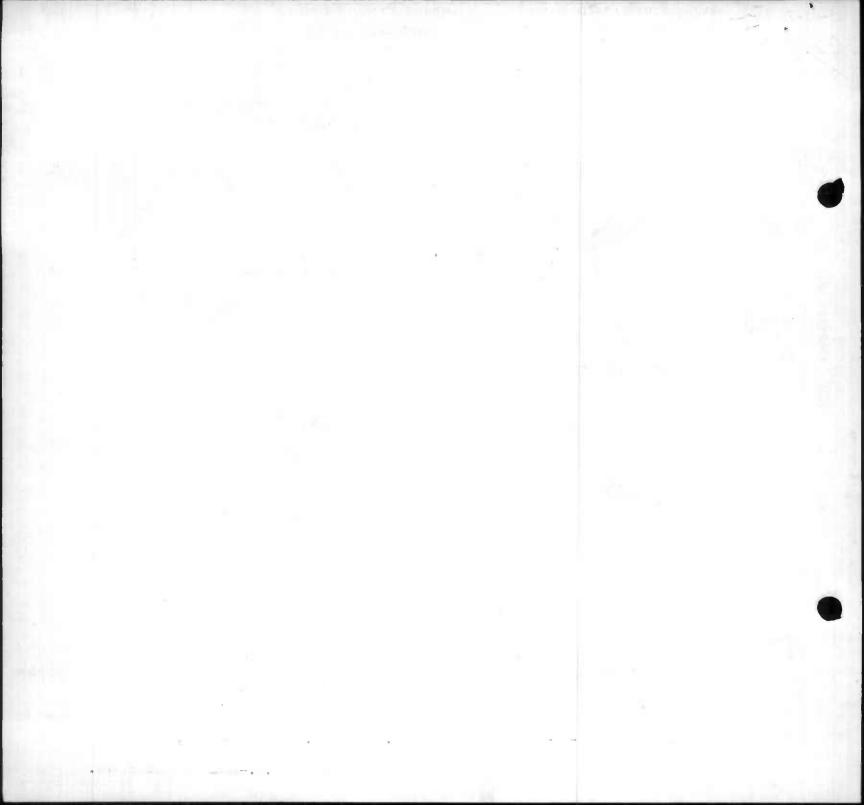
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00 1131	BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH BON
M.E. CASE NO.	
1. NAME OF DECEASED	2 DATE AND HOUR PRONOUN

	TH NO.	MEDICA	L EXAMINER	3 CEK	HEICATE	OF	EAIN RAGISTER	ed No		
	L CASE NO.				12	DATE AND	HOUR PRONOUNCE	D DEAD		
(Ťy	pe or Print)	TUPDEC	A MADINO					DEAD	2.25	D
3. F	LACE IN BALTIMORE, MA	THERES		4. A.	USUAL RESIDEN	CE (Where d	er 24, 1966 eccesed lived. If instit B. COU	tution: resid	2:35	P. M. admission)
HO	L NAME OF (IF NOT SPITAL OR ADDRE	IN HOSPITAL OR	INSTITUTION, GIVE STREE	ET C.	CITY OR TOWN		corporate limits, write	RURAL on	d give towns	hip)
1	A St. Agne	s H o spital		D.	STREET ADDRES					
5. 9		ite WIDO	ARRIED, NEVER MARRIED OWED, DIVORCED (specify) Ver Married)	an. 5/13		9. AGE (In years lost birthdoy)		1 Yr. If Und Doys Hour	
don	. USUAL OCCUPATION (Gi e during most of working life, e	ve kind of work 10B. K ven if retired)	IND OF BUSINESS OR IN	DU STRY 11.	BIRTHPLACE (Sio	nd	country)	USA	OF COUNTRY?	
13.	FATHER'S NAME			14.	MOTHER'S MAID					
2.0	Dominick Mar						Glorioso			
	was DECEASED EVER IN (If yes, give			17.	Mrs. Fran 2602 Gel			ADDRESS		
CERTIFICATION	DISEASES OR CONDI RISE TO THE ABOVE C UNDERLYING CONDI	NT CAUSES TIONS, IF ANY, G AUSE (A) STATING TION LAST. II CONDITIONS CONT	IVING DUE TO (C)		rition					
	19A. DATE OF OPERATION		N FOR WHICH OPERATION	N 2	Yes	es or No)	OB. IF YES, WERE FIN N CERTIFYING CAUS	DINGS CO	ON SIDERED ATH?	
MEDICAL	21 A. EXTERNAL CAUSE V UNDERLYING OR CONTE UTING CAUSE OF DEA	RIB-	21B. PLACE OF INJURY home, form, foctory, s etc.)			ERE DID	f in Boltimore City, giv			
Σ	21D TIME (Month) OF INJURY (APPROX.)	(Doy) (Yeor) (H	WHILE AT WORK	NOT WHI	LE	DID INJU	RY OCCUR?			
	22. I certify that 1	held an Inquiry		Autops		hat an this	basis, death In m	y apinlan		
	ACTUAL SIGNATURE	Plany S	Light		Hamicide CHIEF MED	ICAL EX	AMINER X		DATE SI	
237	EXAMINER'S NAME (Type)	Charles	S. Springate,					town, or o	25, 1	(Stote)
	MOVAL (Specify)	11-28-66	New Cath				ltimore, Md		outy/	(3tote)
24	A. DATE REC'D BY HEALTH		NAME OF REGISTRAR	LB.	24C. FUNERAL Witzke		- 4101 Edm		DDRESS A Ave.	
We	151-REV 1/1/45	I So was a selection of	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		6 63	1 3				



Chb. 1 1014	BALTIMORE CITY	HEALTH DEPARTMENT		NE CI-DO
MIE CASE NO. 45-81-79	CERTIFICA	TE OF DEATH	Registered No	166 91.911
1. NAME OF DECEASED (Type of Print) BEAMER, EDITH G.		Nou	D HOUR OF DEATH	1966 1200 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, goodness or location)	ve street	A. STATE B. COUNT	A Company	stitution: residence before admission
INSTITUTION COLLARION COLLAR LANGE COLLAR LA	tospital	1 Saltines	urol, give lacotion)	UMAL ond give township)
BALTIMORE MARYLAND 2	1224 NEVER MARRIED	8. DATE OF BIRTH	Clinten	21224
E Mibaked	DIVORCED (specify)	6/1/95	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working liter even if retired)	BUSINESS OR INDUSTRY	1 / 1 - 1 / 1	gn country)	12. CITIZEN OF WHAT COUNTRY?
And W	iam H. estfall	14. MOTHER'S MAIDEN NAM	Δ:	melia Harden
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 235-18-0244	RECORDS BOH	4940 EAST MAAST IMORE	ERN AVENUE MARYLAND 21224
DISEASE OR CONDITION DIRECTLY	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the made at dying, e.g., heart laiture, asthenia, etc. It means the disease,	DUE TO	ardiae An	est-	e in Visour
injury ar camplication which caused death.) ANTECEDENT CAUSES	(B)	yourdial 5	-infenction	in Visawn
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) R	remedic He	ent Wiseas	e in Vrun
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	congo	stive head	Lailing	
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	HICH OPERATION J	20 A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE FI	INDINGS CONSIDERED JSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in g., form, foctory, street, of	or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
OF INJURY (Month) (Doy) (Year) (Haur) 21E.	INJURY OCCURRED e At Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (1) (this hospital) attended the	e deceased fram	ine 3		v 26 10 46
ond haur and from the couses stated above. (1)			opin (my) (oper opin	nion deoth occurred on the dot
JOSEPH Silv	Phy		Stoff Phys.	Now 26, LEW
23C. PHYSICIAN'S NAME (Type) DR. JOSEPH SILVA	M.D.	23D. ADDRESS 2940 EASTERN BALTIMORE MAR	AVENUE YLAND 21224	
REMOVAL (Specify)	ME of CEMETERY of CRE Moreland Mem.			y, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	ALCO	25C. FUNERAL DIRECTOR		ADDRESS
VS 150-REV. 1/16/1 2.9 1966 (Subs	3 Fortenna	HI OZRO I OD	•	



1.30 00 110 0	BALTIMORE CITY	HEALTH DEPARTMENT	1	
BIRTON 66 11912	CERTIFICA	TE OF DEATH	Registered Na	68 11912
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)			D HOUR OF DEATH	/
DAIRD, MARGE	PRET		77-66	titution: residence before admission)
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	Ь	A. STATE 8. COUN		hitution: residence before odmission)
FULL NAME OF (If not in hospital or insti HOSPITAL OR oddress or location) INSTITUTION	tution, give street	C. CITY OR TOWN (If OU	tside city limits, write RU	4-104
B C 1		BALTIMORY D. STREET ADDRESS (III	rurol, give location)	#28 55
Bon Secours H	v	912 ResT	wood RD	
Temale white 7. M	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) M & r (e f .	8. DATE OF BIRTH 7-25-1900	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Chicago, 7	11-NOIS	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
PATRICK MORRIS		CAMPELL		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of se	ervice) 16. SOCIAL SECURITY NO.	17. INFORMANT Mr. William H	R. Baird	ADDRESS
19	214-24-0845	912 Prestweod	d Rd.	INITERVAL RETWEEN
DISEASE OR CONDITION DIRECTLY		T DEATH		ONSET AND DEATH
LEADING TO DEATH	(A)	ironary thro	mbosis	11-26-66
(This does not mean the made of dying heart failure, asthenia, etc. It means the di	, 6.9.,	J		
injuly at camplication which coused death.)	Age and the second		11-21-66
ANTECEDENT CAUSES	DUE TO	0.0000000000000000000000000000000000000	1886 1886 frá sistem m m 00000000000000000000000000000000	
DISEASES OR CONDITIONS, if ony, ise to the abave cause (A) statin UNDERLYING CONDITION last.			***************************************	
ONDERLING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING TO THE	€ 77.		
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
ZIA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hou	1) 21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work Not Whi	le 🗌		
22. I certify that (1) (this haspital) atte			19 6 6 to 11	- 27 1966
that (1) (we) last saw the deceased aliv	41 0/	/ /		ian death accurred on the date
and haur and fram the causes stated ab	ave. (1) (We) (did) (did nat)			
23A. SIGNATURE	0 00 2			23B. DATE SIGNED
Blanca 4.9	ouffig. M.D. Att	ending Med. S. Director	Stoff Phys.	11-27-66
NAME (Type) Blanco L	CUFFIA. M.D.	23D. ADDRESS Bon Sec	ours He	ospital.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR			r, lown, or county) (State)
Burial 11-30-66	New Cathedral	Cem. F	Baltimore, Md	
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MOV 20 1966 12 1	PO Faller Mill	Witzke F.D.	-4101 Edmonds	son Ave.
VS 150-REV. 1/1) 85	A CONTRACTOR OF THE PARTY OF TH			

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	if de
IMPORTANT	the chief medical examiner or his assistant
2	10
DIRECTOR:	examinar
	medical
FUNERAL	chief
Ī.	+
	7
	7

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. of death Deceased Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) DO DEATH IN BALTIMORE MARY death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) ance rect or contributing cause (4) Undetermined cause; (5) aruland (If not in hospital or institution, give street FULL NAME OF oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend 0 INSTITUTION = prior (If rural, give location) D. STREET ADDRESS 8 occurred in regular or final disposition is mad MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. S. SEX deceased lost birthday) Hours WIDOWED, DIVORCED (specify) IDA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) MOS the 13. FATHERS NAME MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no of wiknown) (If yes, give wor or dates of service) death LO kind; 17. INFORMANT 6. SOCIAL SECURITY NO. attendance fracture of any pronounced CAUSE OF DEATH INTERVAL BETWEEN AND DEATH DISEASE OR CONDITION DIRECTLY BIRTH embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., regular heart failure, asthenia, etc. It means the disease, examiner. injury or camplication which caused death.) who ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (3) rise to the above cause (A) stating the where the physician the remains UNDERLYING CONDITION last. burns; Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (6) No physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION obtained before to the hospital by 2 21B. PLACE OF tNJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact facation) MEDICAL DEATH (notify medical examiner) any nature; (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While (except While At (APPROX.) be approve and 22. I certify that (I) (this haspital) attended the deceased from 6 28 PM 11 27 1007 that (1) (we) last sow the deceased alive on 11 21 19 6 o ond that in(my) (our) apinion death occurred on the date pe eath) hospital the body was released must ond hour ond from the couses stated above. (1) (We) (did) (did not) view the body ofter death. accident 23A. SIGNATURE 23B. DATE SIGNED Ö Stoff Med. Allending Phys. 10 Phys. approval Director 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) shows: (1) An ELIZA BETH HOS PITAL JOHNS HOPKINS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY eceased REMOVAL (Specify) Cremation | 11/28/ 11/28/66 The Johns Hopkins Hosp. Baltimore, 25C. FUNERAL DIRECTOR 70 VS 150-REV. 1/1/65

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The state of the s

10 F (11) 11 2 2 1 1 1 1

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CIT	Y HEALTH DEPARTMENT	00 44014
BIRTH NO. M.E. CASE NO. 66 11914	CERTIFICA	TE OF DEATH Registered No.	. 66 11914
I. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	Н
	Jean Chadwell	TT /21, /66	T:30 PM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Call Gladiness	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admission)
FULL NAME OF (If not in hospital or institut	ion, give street	Maryland Baltimor	18
HOSPITAL OR oddress or focotion) INSTITUTION		C. CITY OR TOWN (If outside city limits, writ	e RURAL and give township)
00		D. STREET ADDRESS (IP wird, give tocolon)	2-01
80I Williams Street		0.000	
	RIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
72 7 70 11	owed, DIVORCED (specify)	5-9.09 lost birthdoy	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KIN		Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)		C73	WHAT COUNTRY?
Housewife		Tennessee	U.S.A.
TATILE VITALITY		11	
Matthew Marlow 15. Wos Deceased Ever in U. S. Armed Forces?		UNKNOWN	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No No		Mr. Samual Chadwell 80I	Williams St.
18, 502.01	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	/	o 1 t= 1	ONSET AND DEATH
LEADING TO DEATH	(A)	araise Tallyre	24 hours
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise		(,)	
injury at camplication which caused death,)	Chra	ne Abstructure	9 Ears
ANTECEDENT CAUSES	DUE TO	Ammay Dro Lose	
	ving	100	diam
rise to the above cause (A) stating UNDERLYING CONDITION last.	The CONTUCT	nee of the way	yrens Jeans
11		ask ma	
O OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING D,	1.	CA
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE	Arriv polinosis	Jean
19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WER	E FINDINGS CÓNSIDERED
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or obout 21C. WHERE DID (If in Baltim office bldg., INJURY OCCUR?	nore City, give exact location!
0	etc.)		
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Work At Work		
22. I certify that (I) (this haspital) attend	led the deceased from	1962 19 ta	11/24 1966.
that (I) (we) last saw the deceased alive	11-16-1	19and that in(my) (aur) a	pinian death accurred an the date
and haur and from the causes stated above			
23A. SIGNATURE	//	view the budy diter death.	23B. DATE SIGNED
Met. 11 M	M.D. At	tending Med. Stoff	11/201/1
23C. PHYRCIAN'S	Ph Ph	ys. Director Phys. 23 D. ADDRESS	13/06 BKLT
NAME (Type)	04-/ 40	1 = 1= ===	1 10 34 40
240 BUSIAL CREMATION GAR BAYE	OH M.D.	100	TUE, I'M
24A. BURIAL CREMATION, 24B. DATE 24	C.NAME OF CEMETERY OF CE	. 16 .	(City town, or county) (State)
Burial II/28/66	GIEN MAN	IEN NA!	Tillecee
Tribana a	ME OF REGISTRAR	25C. FUNERAL DIRECTOR.	ADDRESS
NOV 29 1966 12 Que	it E. Janker M. M.	McCully Funeral Home	T30 F. Fort Ave.
VS 150-REV. 1/1/65			

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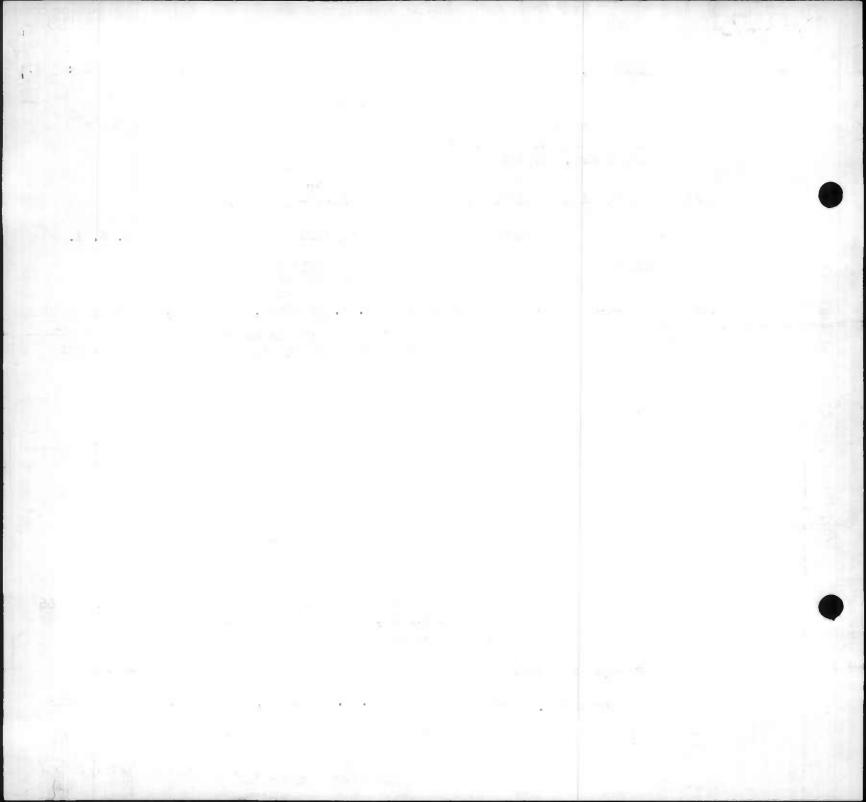
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66 11915

BALTIMORE CITY HEALTH DEPARTMENT

			6363	4
RTIFICATE OF	DEATH	Registered No	00	1.

R	H NO.	66 1191	.5	CERTIFICA			Registered No.	66 11915
	AME OF DEC	EASED					ND HOUR OF DEATH	
{Tvi	e or Print)		[[as	Kelso				
	ULL NAME O	RICHARDS Rus			A, STAT	RESIDENCE (Wheel of the state o	ere deceosed lived. If i	1966 12+45 A.M. nstitution: residence before odmission
	IDSPITAL OR	oddress or location	n)				utside city timits, write	RURAL and give township)
	20	3900 Loch Ra		ration Hospital	Ba.	Ltimore		2507
0	< /	Baltimore, M				et Address (II	Avenue	¥
5. 5	EX	6. RACE	7. MARI	RIED, NEVER MARRIED OWED, DIVORCED (specify)		OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Male	Caucasian	Div	orced		LI-26-95 IPLACE (Stole or for		
		JPATION (Give kind of wor working life, even if retired)	k 10B, KINI	OF BUSINESS OR INDUSTRY	11. BIRTI	IPLACE (Stole or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
_	aborer	working the, even a remed,	Con	struction	Ma	ryland		U.S.A.
13.	FATHER'S NAM	ΛE	, , ,	202002011		HER'S MAIDEN NA	ME	U. D. R.
	oseph Ri					na Bell Tol	Lson	
(Ye	no or unknown	(II yes, give wor or dot	rces: es of servi	ce) 16. SOCIAL SECURITY NO.	17. INFO	Recoi	rds	ADDRESS
Y	es	11-6-17 to	4-15-	19 212-18-8686	V. /			Maryland 21218
	18. / 5	3,81		CAUSE O	F DEATH			INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DI				of the col		
	200	LEADING TO DEATH		(A) wides	pread	l metastasi	s	6 Weeks
	heart failure,	at meon the mode al osthenia, etc. It means optication which coused	s the dise					
	,	ANTECEDENT CAUSES	S	(B)			**************************************	
	DISEASES C	OR CONDITIONS, if	ony, gi					
		o bave cause (A) CONDITION lost.	stoling	the (C)			ma************************************	
ATION	TO THE D	FICANT CONDITIONS (EATH BUT NOT REL- CONDITION CAUSING	ATED TD					
ERTIFIC	19A. DATE OF		IDITION F	OR WHICH OPERATION	20 A.	NO	O) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	OR CONTRIBU	NT WAS UNDERLYING DITING CAUSE OF		21 B. PLACE OF INJURY (e.g., in home, lorm, factory, street, of etc.)		21C. WHERE DID	(II in Boltimor	re City, give exoct locotion)
MEDI	21 D. TIME	(Month) (Doy) (Year)	(Hour)	21 E. INJURY OCCURRED		21F. HOW DID IN	JURY OCCUR?	
ž	(APPRDX.)			White At Not While Work Not Work	е			
	22. I certify	that 🗶 (this hospita	I) attend	ed the deceased from No	vembe	r 16.	1966. to No	vember 26. 19.66
	thotXI) (we)	lost sow the deceas	ed olive	on November 26	19	66and t	hot in (n) (our) ap	inion death accurred an the date
	and haur and 23A. SIGNATU		ted abov	e. 🕦 (We) (did) 💥 💥 🗸	iew the	body after death.		
	Z3A. SIGNATO	KE		M.D. Atte	ending	Med	Stoll .	23 B. DATE SIGNED
		Donnego A. &	zareca	Phy	s.	Med. Director	Stoll Phys.	11-26-66
	PHYSICIA NAME (T				23D. ADD			
		Domingo .	A. Ga:	rcia M.D.	V. A	 Hospital 	, Baltimore	, Maryland 21218
24#	REMOVAL (S	MATION, 248. DATE	24	C. NAME OF CEMETERY OF CRE	H. I.	1	We Arund	(Stote)
25 A	. DATE REC'D	BY HEALTH DEPT.	258. NA	ME OF REGISTRAR	25C-	FUNERAL DIRECTO	R	ADDRESS
	1	10V 29 1966	OP D	F & Fallenger	Ch	AS F. EVANS	+SON 88	O2 HARtord Rd
VS	150-REV. 1/1/	THE RESIDENCE OF THE PARTY OF T	ULO W				2 1	

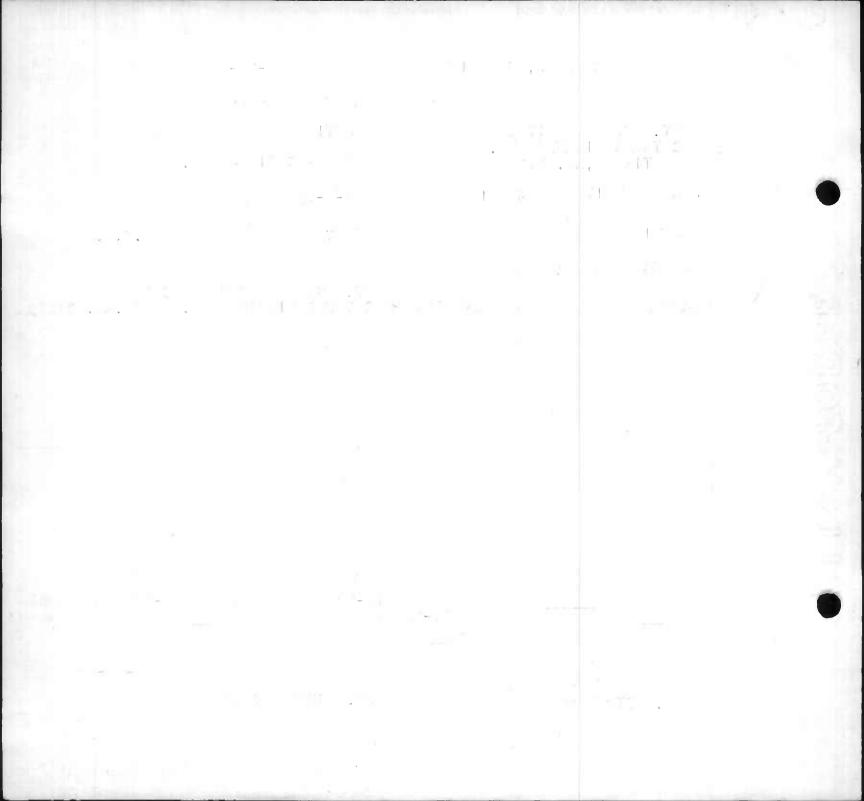


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Registered	No.	-66	11916

1. N	TH NO. 66 11916		CERTIFICA	TE OF DEATH	Registered No	66 11916
	E CASE NO.		CERTIFICATION CONTRACTOR		ND HOUR OF DEATH	
Typ	KNUDSEI	V GEN	FVIEVE		27-66	5:30A
3, 1	PLACE OF DEATH IN BALTIMORE, MAI	RYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If in:	stitution: residence before admission)
1	FULL NAME OF (If not in hospital a			144 5444 4445		
- 1	HOSPITAL OR oddress or location)	Bise ziteet	C. CITY OR TOWN (II or	1229 utside city limits, write R	URAL and give township)
	/ ST. AGNES HOSP	ITAL		BALTIMORE	25-	3/
4	CATON & WILKENS	S AVE.		D. STREET ADDRESS	rutol, give location)	
1	BALTIMORE, MD. 2	21229		629 BEECHFI	ELD AVE.	
5, \$		WIDOWED	NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	FEMALE WHITE	MARR		10-9-15	51	
	. USUAL OCCUPATION (Give kind of work eduring most of working lite, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	113, BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
1	HOUSEWIFE	HC	ME	MARMLAND		U.S.A.
3.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	FRANK ALEKSA	LZA			ZALEWSK	41
5, Ye	Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or date:	es?	1 6. SOCIAL SECURITY NO.	ST. AGNES HO		ADDRESS
	JNKNOWN	0 00 000000	215-01-0841	CATON & WILK		
_	18. 4 8 3 Y I		CAUSE O		LINS AVE. D	INTERVAL BETWEEN
	DISEASE OR CONDITION DIR	ECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) UN	eu.	-0 H = = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	(This does not mean the mode of heart failure, asthenio, etc. It means	the diseose,	DUE TO			
	injury or complication which coused	deoth.}	Hex	ratio incu	ficience	
	ANTECEDENT CAUSES		DUE TO			
	DISEASES OR CONDITIONS, if c		(C)			9
	UNDERLYING CONDITION 1051.				0 T 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- min w • • • • • • • • • • • • • • • • • •
7	ll ll		_			
ATION	OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELA	TED TO TH	E			
	19A. DATE OF OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 208. IF YES. WERE F	INDINGS CONSIDERED
ERTIFIC	WAS PERF	ORMED		NO	IN CERTIFYING CAL	ISES OF DEATH?
CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(II in Boltimore	City, give exact location)
AL	DEATH (notify medical examiner)	etc.		fice bldg., INJURY OCCUR?		
	21D. TIME (Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
DIC	(APPROX.)	Wh	ile At Not While	е		
U	22. 1 certify that (1) (this hospital				10 66 4 11	-27 10 66
EDIC	that (1) (we) last saw the decease					
EDIC						non dean decorred on the date
EDIC) (Wa) (did) (did nos)			
EDIC	and hour and from the causes stat) (We) (did) (did nat) v	lew the body after death.		238, DATE SIGNED
EDIC	and hour and from the causes stat		M.D. Atte	ending Med.	Stolf	
EDIC	and hour and from the causes state 23A. SIGNATURE 23C. PHYSICIAN'S		M.D. Atte	ending Med.	_	11-27-66
EDIC	and hour and from the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	ed above. (I	M.D. Atte	Med. S. Director 23D. ADDRESS	Stolf Phy s.	
MEDIC	and hour and from the causes state 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) DR. ESTHER EDER BURIAL CREMATION, [248, DATE	ed above. (I	M.D. Atte	Med. S. Director 23D. ADDRESS ST. AGNES HO	Spiral	11-27-66
MEDIC	and hour and from the causes state 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) DR. ESTHER EDER BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	RY	M.D. Atte	Med. S. Director 23D. ADDRESS ST. AGNES HO	Spiral	
MEDIC	and hour and from the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) DR. ESTHER EDER A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C.N/	M.D. Atte	Med. S. Director 23D. ADDRESS ST. AGNES HO	SPITAL COCATION (Cit	11-27-66
EDIC				60.000.000		

VS 150-REV. 1/1/65



of death Deceased

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D.O.A.

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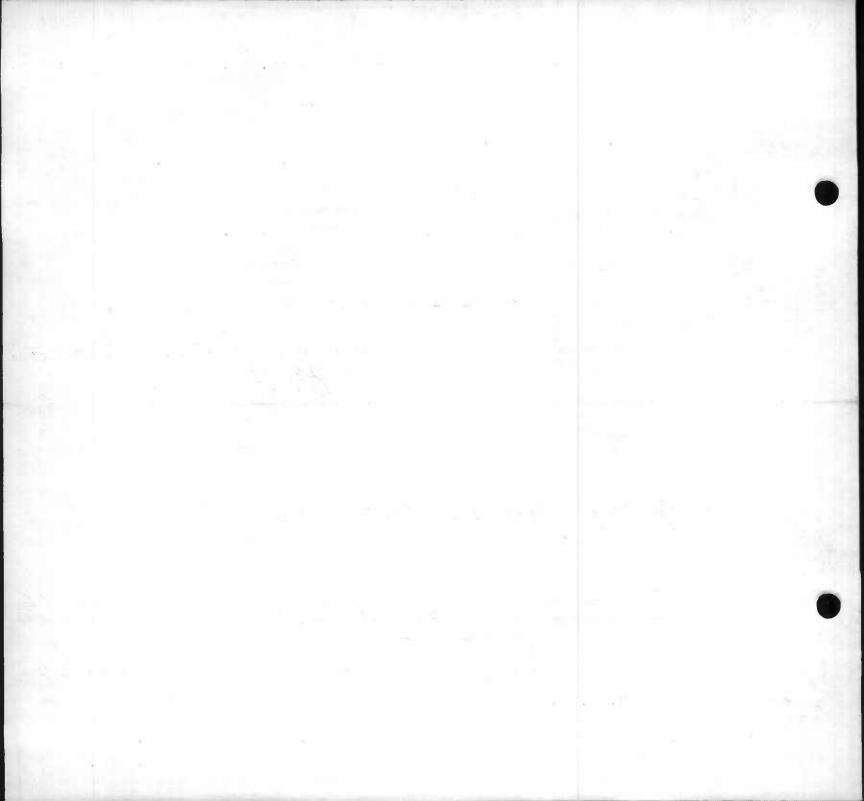
deceased

BALTIMORE CITY HEALTH DEPARTMENT 66 11917 Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) MARY ELIZABETH WIEDENHOEFT Nov. 25, 1966 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A, STATE
B, COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Md., 21205 FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (II n 915 N. Streeper St. (Il rurol, give location 915 N. Streeper St. made 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years 6. RACE 8. DATE OF BIRTH II Under 1 Yr. WIDOWED, DIVORCED (specify) lost birthdoy) female white 2/21/1908 married disposition is 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) Book Folder Moore & Co. Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Wright Elizabeth 15, Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 215-03-9968 William Wiedenhoeft, husband, above CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, embal heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 9A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Office 1964 WAS PI Treat 21B PLACE OF NJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) MEDI obtained (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive an... and that in(my) (our) apinion deoth accurred an the date and hour and fram the causes stated abave. (1) (Wa) (did) (did-set) view the bady after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Director L approval 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type 3400 Erdman Avenue 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify) decease Gardens of Faith Cem. 11/29/66 Burial Baltimore, Md. 258. NAME OF REGISTRAR

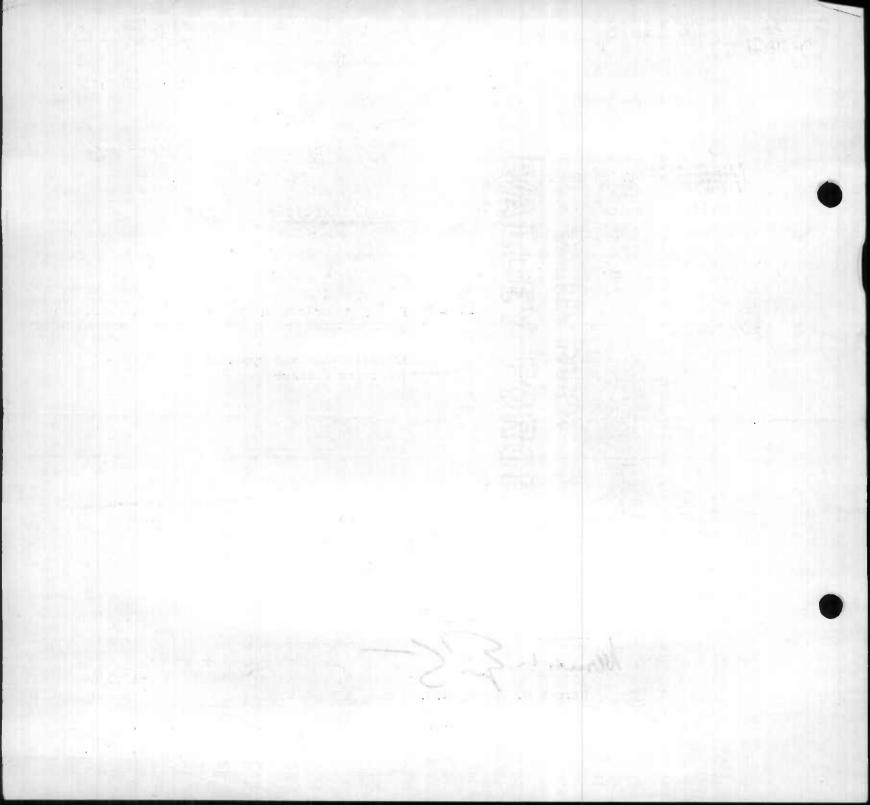
If Under 24 Hrs.

Hours

(City, town, or county) 25A. DATE RES'D BY HEALTH DEPT. Schimunek, Funeral Home, Inc. 3331 Brehms Lane VS 150-REV, 1/1/65



(1)	E CASE NO. NAME OF DE		Lee Philip L. D	elosier		2. DATE AND	HOUR PRONOUNCE		9:23 p. M
3.	LACE IN BAL		, WHERE PRONOUNC		4. USUAL RESIDE	NCE (Where	deceased lived. If insti	itutian: residen	V 141
HC	LL NAME OF	(IF NOT IN HO ADDRESS OR L	SPITAL OR INSTITUTIO OCATION)	ON, GIVE STREET	C. CITY OR TOW	ltimore	corporate limits, write	600	give township)
44		Union Mem	orial Hospi	tal	D. STREET ADDR		ndale Ave.		
	sex nale	6. RACE white	7. MARRIED, NE WIDOWED, DIV MATTI	ORCED(specify)	B. DATE OF BIRTH	1	9. AGE (In years lost birthday) 54	If Under 1 Months Do	Yr. If Under 24 Hrs
do		warking life, even if retir	own Cork		Hagers1	own,	Md.	12. CITIZEN WHAT	OF COUNTRY?
		Harry DeL	osier		Sara W				
		ED EVER IN U.S. AR/ n) (If yes, give war or	dates of service)	SOCIAL SECURITY NO. -10-6187	17. INFORMANT Catheri	ine Mui	mma DeLos:	ADDRESS ier, wi:	fe,above
CATION	OTHER SIC TO THE DISEASE C		ONS CONTRIBUTING	(C)	20A. AUTOPSY		20B. IF YES, WERE FIN		
ERTIFIC	12	AL CAUSE WAS	21 B. PLA	ACE OF INJURY (e.g., arm, foctary, street,	in or about 21 C. W	HERE DID (If in Boltimore City, gi		
CALC	UNDERLYING	USE OF DEATH,	etc.)						
CALC	UTING CAL	USE OF DEATH,	(Year) (Hour) 21 E.		WHILE	ULNI DID W	RY OCCUR?		
MEDICAL	UNDERLYING UTING CAI 21D TIME OF INJURY (APPROX.) 22.	rrify that I held an alted fram: Natural LURE NER'S (Type) Wer	Inquiry I I causes X Acc	nspection X Au	tapsy and de Hamicie CHIEF ME	that on this the U EDICAL EX EDICAL EX	s basis, death in mindetermined manner AMINER AMINER AMINER AMINER	er 🗌	



24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)
Burial 11/30

25A. DATE REC'D BY

VS 150-REV. 1/1/65

11/30/66

Such

a hospital and

	DRE CITY HEALTH DEPARTMENT 66 11919
BIRTH NO. 66 11919 CERTI	FICATE OF DEATH Registered No.
M.E. CASE NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) CECELIA KOEHLER	Nov. 27, 1966 8:50 a.
3. PLACE OF DEATH IN BALTIMORE MARYLAND ENDE FULL NAME OF (If not in hospital or institution, give street oddress or location)	A. STATE B. COUNTY Md. 21224 C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION	Baltimore /-02
533 S. Luzerne Ave.	D. STREET ADDRESS (If rurol, give locotion) 533 S. Luzerne Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED (sp married	B. DATE OF BIRTH 9/12/97- 1899 9, AGE (In years lost birthday) 622-67 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min,
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR If done during most of working life, even if refired)	NDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housekeeper-Dr.Melvin Jagielski	
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME
John Horst	Elizabeth Holland
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY N	17, INFORMANT ADDRESS
216-44-114	Henry Koehler, husband, above
DISEASES OR CONDITIONS, if ony, giving	Carenomie of Uter
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 121B. PLACE OF INJU	ON 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	JRY (e.g., in or obout 21 C. WHERE DID street, office bldg., INJURY OCCUR?
DEATH (notily medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUI While At Work	Not While At Work
22. I certify that (I) (this hospital) attended the deceased frethat (I) (1908) lost saw the deceased alive an	27 1965 and that In(my) (ear) opinion death accurred on the dat
23A. SIGNATURE	A.D. Attending Ande. Director Phys. 238. DATE SIGNED
23 CPHYSICIAN'S NAME (Type) To seph R Liberto	3508 Bank Street

24C. NAME of CEMETERY OF CREMATORY

Oak Lawn

NAME OF

Baltimore, Md. Cemetery 25C FUNERAL DIRECTOR
Schimunek Funeral
3331 Brehms Lane Home,

(City, town, or county)

(Stote)

24D. LOCATION

was D.O.A.

shows: (1) he body

Such

death.

prior to

attendance

ing cause of death cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT

Registered Na.

M.E. CASE NO.	CER	CHIFICATE OF DEATH
1. NAME OF DECEASED (Type or Print)	BERTHOLD, CHARLES	EDWARD 2. DATE AND HOUR OF DEATH NOVEMBER 22, 1966 2:45P
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in haspital ar institution, give street address or location) ST. AGNES HOSPITAL	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission STATE MARYLAND C. CITY OR TOWN (If autside city limits, write RURAL and give township) BALTIMORE 21230 D. STREET ADDRESS (If rural, give location) 2711 HURON ST.
5. SEX 6. RA WALE W	HITE WIDDOWED	

10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) RET IRED **ELECTRICIAN**

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME RICHARD

14. MOTHER'S MAIDEN NAME ELIZABETH GRANT

17. INFORMANT 15. Was Deceased Ever in U. S. Armed Farces? (Yes,na ar unknown) (If yes, give war ar dates of service) 6. SOCIAL SECURITY NO.

ADDRESS ST. AGNES HOSPITAL RECORES

215-03-2616 NONE NONE CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,

	injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giv	
	UNDERLYING CONDITION last.	the (C) (L) (L) (
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CALC	OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet)	21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimare City, give exact lacation) hame, form, factory, street, affice bldg., INJURY OCCUR?
MEDI	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR?
	22. I certify that (1) (this haspital) attended that (1) (we) last saw the deceased allve (on NOVEMBER 22 19 66 and that in (NAX) (our) apinian death accurred an the di

6 and haur and from the causes stated above. XIX(We) (did) XIX(X) view the bady after death. 23B. DATE SIGNED

23A. SIGNATURE Attending Phys. Med. Director

Staff X-23D. ADDRESS

BALTO, MD. WILKENS AVES.

11/22/66

MOHAMMED NICKBAKHT M.D 24A. BURIAL CREMATION, REMOVAL (Specify)

AGNES HOSP; CATON

23C. PHYSICIAN'S NAME (Type)

Antenna remaining The latest the state of the sta

certificate

shows:

25A. DATE REC'D BY

Such

death.

0

prior

cause; (5) Deceased

attendance cause

death

of

a hospital

				BALTIMORE CITY	HEALTH DEPA	RTMENT		00 1100	
	TH NO. E. CASE NO.	66 1192	1	CERTIFICA	TE OF D	EATH	Registered Na.	66 11921	
1. N	Pe or Print)	atts. 1	derbert	+			D HOUR OF DEATH	17:50	9.
4	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital a oddress or location	institution, give s	treet	A. USUAL RESIDA. STATE Mayo C. CITY OR TO Balt D. STORET ADD	Jland WN (If out	TY	RURAL and give township)	i s sio
1	uthera	n Hospin	tal of 1	MD.	2210	KO	14 /1		
5. 5	SEX 6.1	C	0 0	er Married ORCED (specify)	4-26-		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 2 Months Doys Hours	24 Hi Min.
		TION (Give kind of work ing life, even if retired)	10B, KIND OF BUSI	NESS OR INDUSTRY	Baeter	State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAME	ry J. 1	Vatts		14. MOTHER'S I	MAIDEN NAM	Sterman	l_	
15. (Ye	Was Deceased Eve s,no or unknown) (If	h U. S. Armed Force yes, give wor or dotes	s of service)	OCIAL SECURITY NO. 7-03-4500	Frenc	hola	Wite	SOME.	
	18.260	X 1		CAUSE O	FDEATH			INTERVAL BETWEE ONSET AND DEAT	
	LE	OR CONDITION DIR ADING TO DEATH		(A) C	VA			12 Ars	
	heart lailure, ast	mean the made of henia, etc. It means calian which caused	the disease,	DUE TO	abete	, No	11.7.	2 445	
		TECEDENT CAUSES		DUE TO	apera	1 /90		0 -/-3	
		CONDITIONS, if a above cause (A) CONDITION last.		(C)					
ATION	TO THE DEAT	II ANT CONDITIONS COME THE BUT NOT RELANDITION CAUSING TO	TED TO THE						
ERTIFIC	19A. DATE OF OF		DITION FOR WHICH	H OPERATION	20 A. AUTOPS	Y? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
AL C	OR CONTRIBUTION		21 B. PLAC home, for etc.)	CE OF INJURY (e.g., in m, foctory, street, of	or about 21 C. W	HERE DID Y OCCUR?	(If in Boltimor	re City, give exoct location)	
MEDIC	21 D. TIME (NO F INJURY (APPROX.)	Nonth) (Doy) (Year)	(Hour) 21E, INJU While At Work	DRY OCCURRED Not While At Work		OM DID INT	URY OCCUR?		
		at (I) (this hospital) attended the de	ceased fram	11-8		19 66 ta /	/ - OCL 196	

and that in(my) (aur) apinion death occurred on the date

and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE

OF

M.D.

Attending Phys. Med. Director Stoff Phy s. 11-24-66

23 B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type)

23D. ADDRESS

24A. BURIAL CREMATION. OF CREMATORY REMOVAL (Specify)

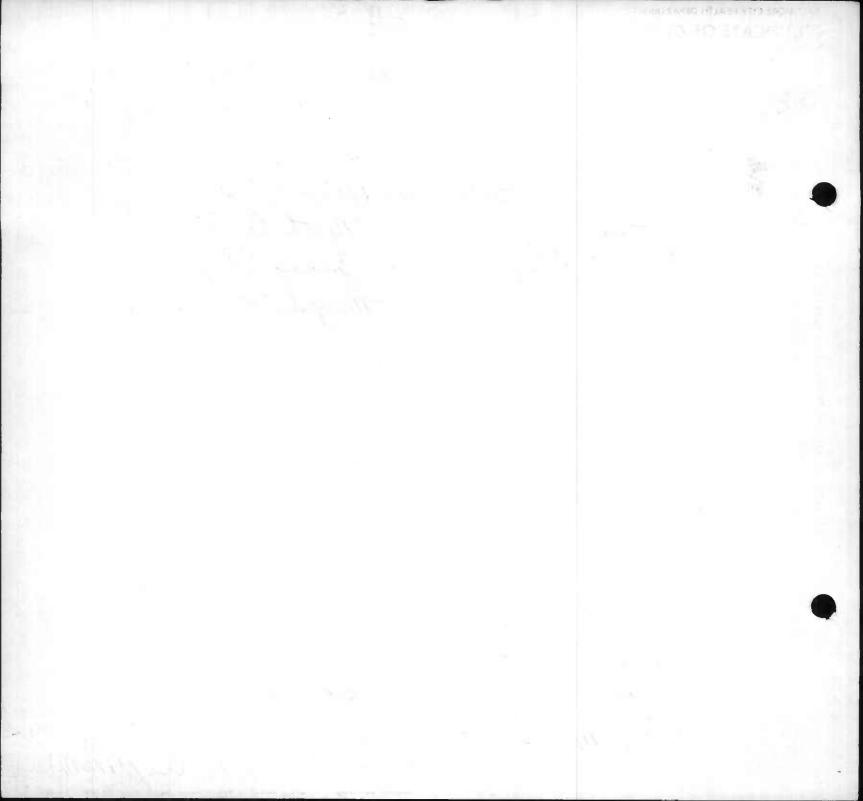
ADDRESS 25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

the same of the day we want of the man M C Married 4-26-20 Frenchola wyn CVA Diabetes Hellitus 1 712 20 DE-11 11 8-11 DE-11 11-24-11 V any more RIN TA KIM LUMBERON HESP. OF MO

VS 150-REV. 1/1/65

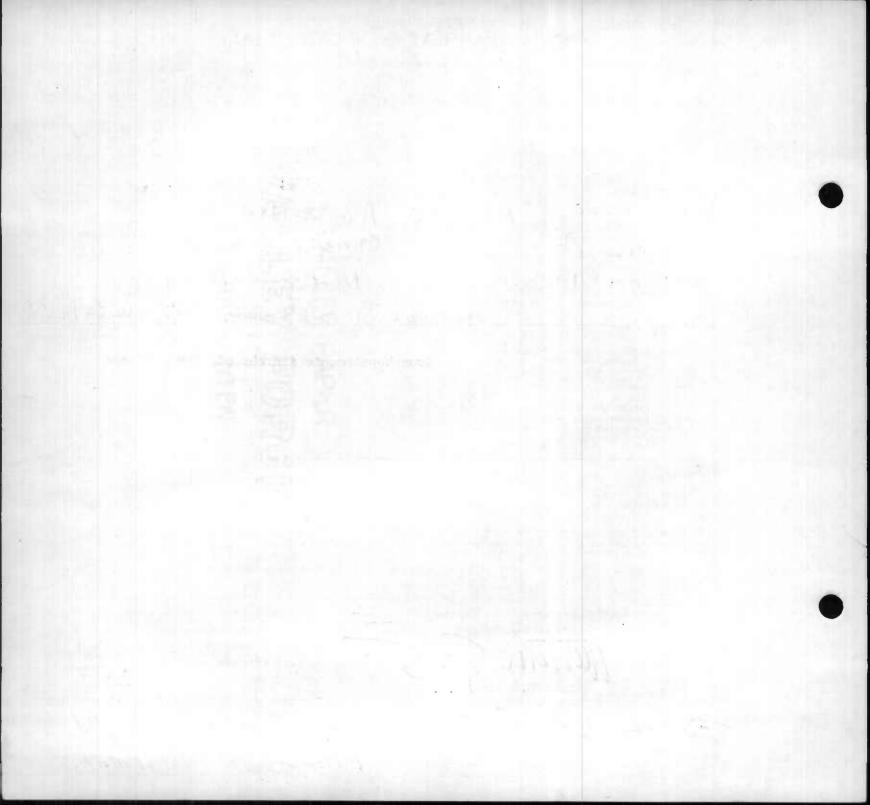
			BALTIMORE CITY	HEALTH DEPARTMENT		
	NO. 66 113	355	CERTIFICA	TE OF DEATH	Registered No.	6 11922
I.NA	ME OF DECEASED	01		2. DATE AND	D HOUR OF DEATH	
(Type	or Print) Chapwau	, Cha	rles	11.0	25.66	10 p
3. PL	ACE OF DEATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE (Where		on: residence before admis
				Maria	. 6	
	JLL NAME OF (If not in has OSPITAL OR address or la	pitol ar instituti cotian)	on, give street	C. CITY OR TOWN Uf outs	side city limits, write RURA	1 and aire township) -
	STITUTION		1	13 10 H:	side city illinis, wille koka	
11	utherau Hotpita	l 31 v	Gary land	D. STREET ADDRESS (If it	urgi, give location)	
1	and the state of the		0	517N 2	7 . 1	ur
5. SE	<u> </u>		IED, NEVER MARRIED	B. DATE OF BIRTH		Under 1 Yr. If Under 24
	ace llegro		WED, DIVORCED (specify)			nths Days Haurs Mi
	USUAL OCCUPATION (Give kind a		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	on country) 12.	CITIZEN OF
опе (during most of working life, even if reti	red)		Mosta (selina	WHAT COUNTRY?
13. F/	ATHERS NAME	1		14. MOTHER'S MAIDEN NAM	AE A	
	101 1:	11 1	7	V	0/0	
	marke (Mely	man	Jane C	nagmar	
	as Deceased Ever in U.S. Arme na ar unknown) (If yes, give wor ar		1 6. SOCIAL SECURITY NO.	17. INFORMANT	, /	ADDRESS
				Mary 1	2 501	11. Fultra
1	B. / / 2 V	-	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY	VI.	0		ONSET AND DEATH
	LEADING TO DE		in Tuu	1 waljuacies	, jeveral tol	
	This does not mean the made			1 0 1	1	
	heort foilure, osthenia, etc. It m injury ar complication which co		ose,	V		
	ANTECEDENT CAL	JSES	(B)		*************	*************************
	DISEASES OR CONDITIONS,					
	ise to the above couse					
1	UNDERLYING CONDITION los	١.				
	II		^			
	OTHER SIGNIFICANT CONDITION		THE PULLUL	Louis		
AT	DISEASE OR CONDITION CAUSI	NG IT.				
ERTIFIC		PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes ar Na)	IN CERTIFYING CAUSES	OF DEATH?
ERT						
0 2	OR CONTRIBUTING CAUSE OF	NG 🗌	21 B. PLACE OF INJURY (e.g., in home, farm, factory, street, or	ffice bldg., INJURY OCCUR?	(If in Baltimare City	, give exact lacation)
	DEATH (natify medical examiner)		etc.)			
0 2	21 D. TIME (Month) (Day) ((Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	APPROX.)		While At Nat Whil	e		
			Wark L At Wark	76//	7, 17 37	
2	2. I certify that (1) (this has	pital) attend	an the deceased from	***************************************	966 10 11.2	· /
t	hat (1) (we) last sow the dec	eosed alive	on 11.25	19.66 ond the	nt in (my) (our) opinion	death occurred on the
c	and hour and from the causes	stated obav				
2	3A. SIGNATURE	.00			23 B	DATE SIGNED
	2,00	HLL BER	M.D. Atte	ending Med. Director	Staff Phys.	
2	3C. PHYSICIAN'S			23D. ADDRESS	. 117 34.	
	NAME (Type ose & G	ranber		Letheras Ho.	unital.	
		. ~ ~ ~ ~	J M.D.	and the second second	1	
24A.	REMOVAL (Specify) 24B. DAT	E 240	NAME OF CEMETERY OF CRI	EMATORY 24D. LC	CATION (City, to	wn, or county) (Sto
	Burio 11/2	19/6/	Mt. Calus	nes /	willing do	la. M
25A.	DATE REC'D BY HEALTH DEPT.	258. NA	AE OF REGISTRAR	250. FUNERAL DIRECTOR	11/ hr	ADDRESS
	MOVED OF THE	1009	5 & Failed MA	6 4 C ? 9	1/1. 100;	1172.11 W
	BILL 5.3 1300	J Univer	O C' ACROSCA,		Mul	1/1/0/11/19



BIRTH NO	o.	MED	DICAL EX	AMINER'S	ERTIFICA	TE OF D	DEATH Register	red 11923
M.E. CA	SE NO.							
1. NAMI (Type or	Print)		THEL S.	HAWKINS		Novem	ber 25, 196	6 12.30 P
FULL NA	ME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	NCED DEAD		Marylan	deceosed lived. If insti-	tution: residence before odmission) NTY RURAL ond give township)
IN STITUT	ION	1 N. Stricke			D. STREET ADD	Baltimo RESS (If rurol,	re give locotion)	15-01
5. SEX		6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRT		Stricker 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
For	nale	Negro	WIDO WED, D	NVORCED(specify) ed BUSINESS OR INDUSTR			lost birthdoy)	Months Doys Hours Min.
done durin	omest of v	working life, even if retired ic	ork TOB. KIND OF	BUSINESS OR INDUSTR	Virgini	La.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATH	ER'S NAN	N.E.			14. MOTHER'S N	ALDEN NAME		
Ric 15. WAS	chard	O. Stevens D EVER IN U.S. ARME	D FORCES?	16. SO CIAL SECURITY NO.	Mol]	Lie E. S	mithers	ADDRESS
(res, no or	UNKNOWN	ill yes, give wor or ad	ies of service/	SECORIT NO.				
1B.	58	1.0		CAUS	Rachel S	S. Aicks	2111 A. Par	rkwood Ave. Va. INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION						
(1)	ie done -	LEADING TO DEAT		\A/	y metamorp	hosis o	f liver	
he	ort foilure,	not meon the mode of osthenio, etc. It meon mplication which coused	of dying, e.g.,	DUE TO				
Inj	ury or cor	mplication which coused	deom.)					
		NTECEDENT CAUS		(8)				
DI	SEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO				
		E ABOVE CAUSE (A) NG CONDITION LAST						
Z				(C)				
E		11						
S TO	THE	NIFICANT CONDITION DEATH BUT NOT F R CONDITION CAUSIN	ELATED TO TH					
19A.	DATE OF	OPERATION 198. CO		HICH OPERATION	20A. AUTOPSY		20 B. IF YES, WERE FIN	
- Lorent		WAS PE	RFORMED		Yes		IN CERTIFYING CAUS	ES OF DEATH?
O UND	ERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. P home, etc.)	form, foctory, street,	, in or obout 21C. \office bldg., INJUR	WHERE DID (I	lf in Boltimore City, giv	re exact location)
210	TIME JURY ROX.)	(Month) (Doy) (Ye	w	E. INJURY OCCURRED	WHILE	OW DID INJU	RY OCCUR?	
22.	1 cert	tify that I held an	Inquiry		workatapsy X an	d that an this	s basis, death in m	y apinion
	resul	ted fram: Natural c	auses X A				ndetermined manne	
	ACTUAL		5.5		100.00	EDICAL EX		DATE SIGNED
	SIGNAT EXAMIN NAME (*	ER'S Charle	s S. Spri	ingate, M.D.	ASSOCIATE N			November 25, 1966
23A. BUR		MATION, 23B, DATE	230	NAME of CEMETERY	or CREMATORY	23D. LC	CATION (City,	town, or county) (Stote)
	oval	11-20 BY HEALTH DEPT.		oodland Ceme		Ric AL DIRECTOR	hmond Virgi	nia
		V 29 1966 (45 am	- 110		OOI Carrand	Ave. Richmond Va.
						TIOMOTO &	MATA REALEMENT	BA DITOIIII A8

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

	A NO.		MILDI	CALLA	AMIII YER S CI	LKIIII	CATE OF DEA	A [] Register	ed 110,
	CASE NO.	EASED	-				2. DATE AND HO	OUR PRONOUNCE	D DEAD
(Тур	e or Print)		Jı	ılia M.	Edwards		2.041.410		26/66, 8:30 a.
3. PL	ACE IN BALTI	MORE, MARY	LAND, W	HERE PRONOU	NCED DEAD	4. USUAL	RESIDENCE (Where dece	osed lived. If instit	tution: residence before admission)
		45 MAT II			TIAN CINA CERTAIN	A. STATE	Maryland	B. COU	NTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			C. CITY	OR TOWN (If outside cor	porote limits, write	RURAL and give township)			
11421	TOTION						Baltimore		20-00
	211					D. STREET	ADDRESS (If rurol, give	locotion)	
	04	Bon S	ecours	Hospit	al		2571 Balt	imore St.	
5. SE		. RACE			NEVER MARRIED DIVORCED(specify)	B. DATE C	F BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
f	emale	color	ed	MA	RRIED	Aug	26-1933	33	
	USUAL OCCU			108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTH	ACE (State or foreign con	untry)	12. CITIZEN OF WHAT COUNTRY?
uone	11-	BUSPERI	1 0			ChA	rlesTown, 1	N. VA.	u.SA.
13. F.	ATHER'S NAM		0			14. MOTH	ER'S MAIDEN NAME	1.1	
	Willi	AM	TAR	250N		N	2TTIE WA	IKER	
	no or unknown)				16. SO CIAL SECURITY NO.	17. INFORA	AANT		ADDRESS
	Nn				234-41-1912	JAC	K Edward	15 - 25	71 W. DA HO. ST
ī	B. 419	/ Y .			CAUSE	OF DEAT	TH		INTERVAL BETWEEN
	DISEAS	E OR COND	ITION DI	ECTLY					ONSET AND DEATH
		LEADING T	DEATH		(A) Bronch	opneur	nonia and chro	onic lung	disease
	heort foilure,	osthenio, etc.	It meons	the disease,	DUE TO			000 m m m m 00 000 00 00 00 00 00 00 m T m 00 1	A
	injury or com	injury or complication which coused death.)							
	ANTECEDENT · CAUSES								
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE								
7	UNDERLYIN	G CONDITIO	ON LAST.		(C)				
Ó-		- 11	-		107100000000000000000000000000000000000	***************************************			***************************************
Y.		IFICANT CO		CONTRIBUTIO					
Ħ		CONDITION		ATED TO T	HE				~ ~ 0 8 8 7 8 7 A 5 3 0 7 * A A A A O O A O O F A A O O O O O O O O
CERTIFICATION	9A. DATE OF	OPERATION	19B. CON WAS PERI		WHICH OPERATION	20A. AL	JTOPSY? (Yes or No) 20B.		
	2						yes	CERTIFYING CAUSI	IS OF DEATH?
CAL	21 À, EXTERNAL UNDERLYING□			21 B. home	PLACE OF INJURY (e.g., form, factory, street, o	in or obout	21C. WHERE DID (If in	Boltimore City, giv	e exoct location)
iii	UTING CAUS	E OF DEATH		etc.)					
	21 D TIME	(Month) (D	oy) (Yeor	(Hour) 2	E INJURY OCCURRED		21F. HOW DID INJURY	CCUR?	
	(APPROX.)			w /v	HILE AT NOT	WHILE			
	22.								
		fy that I he				absy	and that an this be	isis, death in m	y opinian
	result	ed fram: No	itural cau	ses x A	ccident Suicid			termined monne	r 🗀
	ACTUAL MISSIGNED DATE SIGNED								
	SIGNATU		wyn	9n.	M.D.		NT MEDICAL EXAMI		
	EXAMINI NAME (T		Verner	U.Spit	z,/M.D.	ASSOCIA	ATE MEDICAL EXAM	INER	11/26/66
	BURIAL CREA		DATE		C. NAME of CEMETERY o	CREMAT	ORY 23D. LOCA	TION (City,	town, or county) (State)
-	SHRIF	4	11-30	-66	Da bla. A	IAT	L Ka	11/2.	Md.
24A.	DATE REC'D	BY HEALTH C	DEPT.	24B. NAME	OF REGISTRAR	24C.	FUNERAL DIRECTOR	140.	ADDRESS
	NO	W 29 1	966 (10. R	E. Falley MA	M.	CTON + Durg	T-IMA	LAURENS
	151-DEV 1/1/4			The state of the s		-, V 101	cion - Due	, -1101	LHUREIVS



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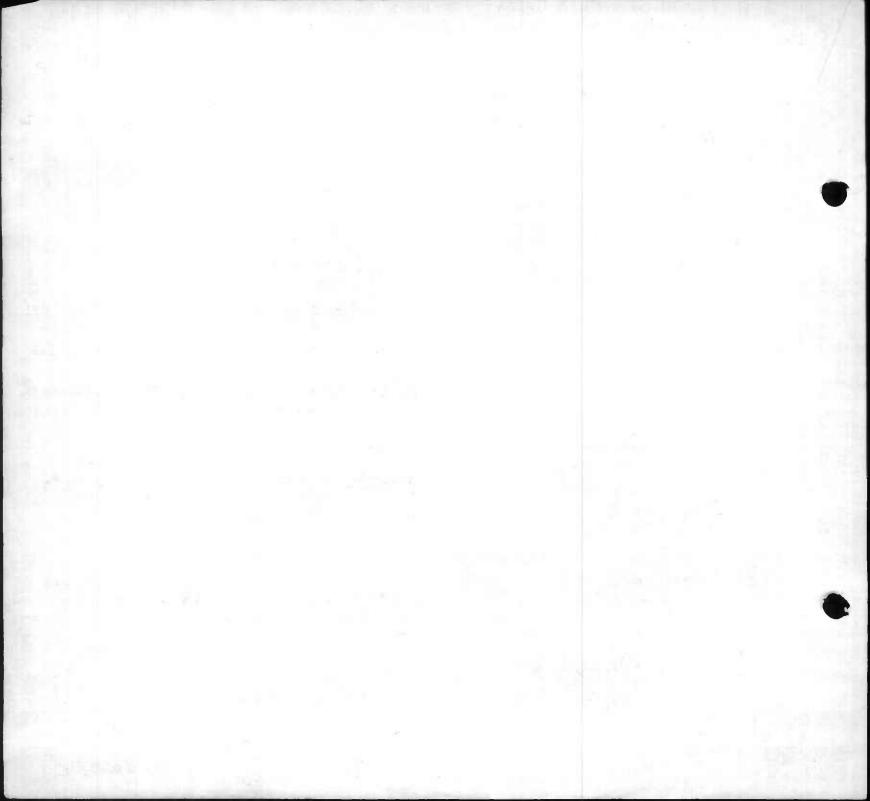
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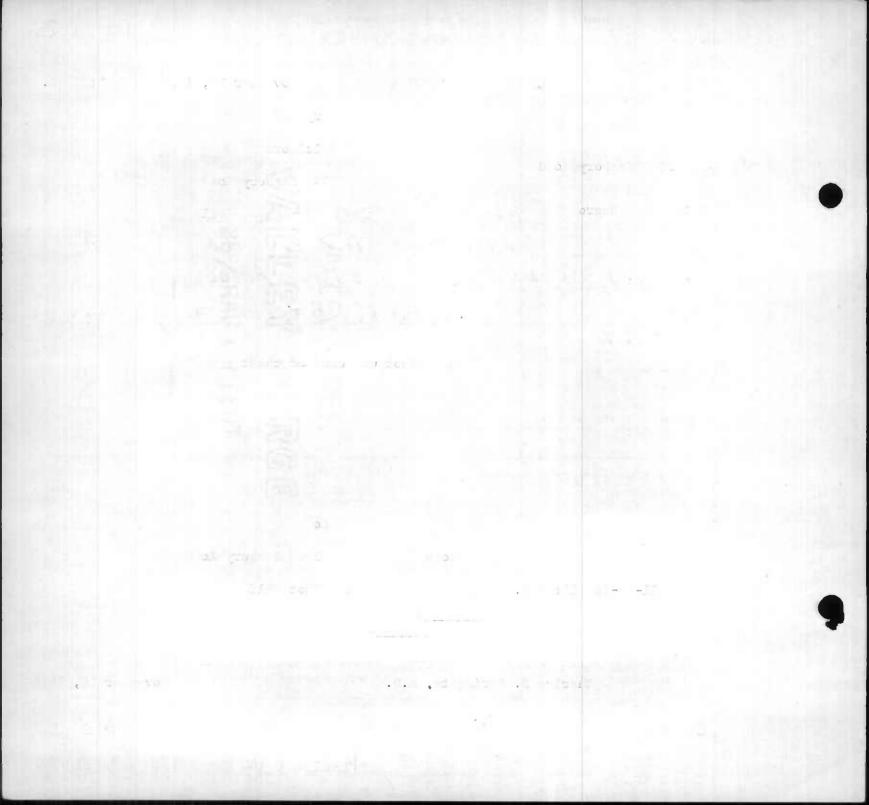
Deceased of death



66 11926

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 11926

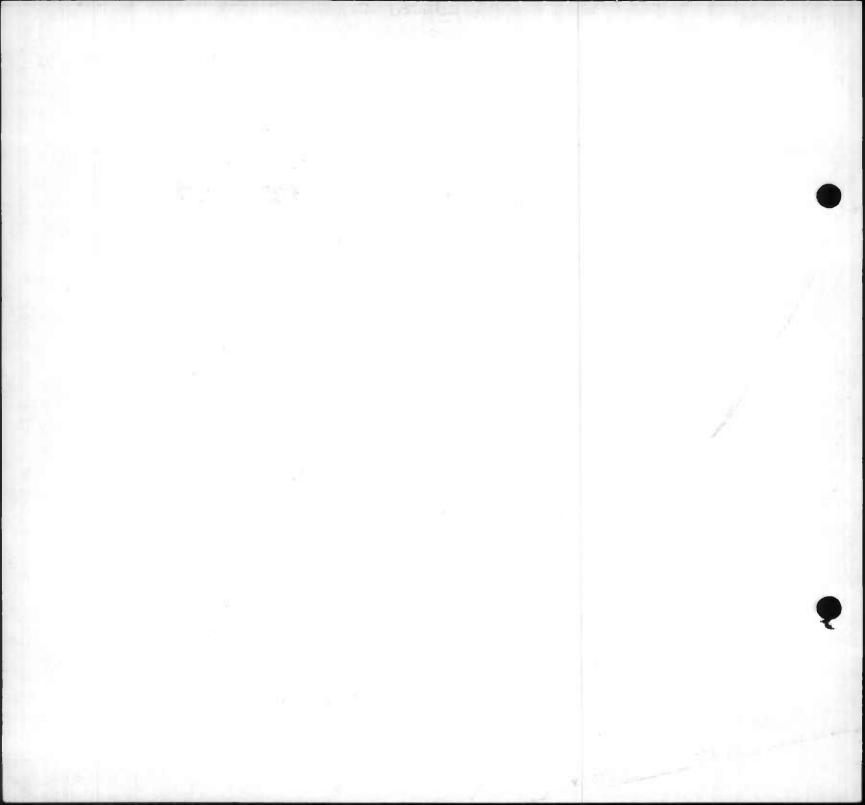
M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print)	4.7.77.77			2. DATE AND HOUR PRONOUNCED			
7,7	ALFRED	GREEN		November 28, 1966	2:00 A.		
3. PLACE IN BALTIMORE, MA	RYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDE	ENCE (Where deceosed lived. If institu	tion: residence before odmission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			Mary	yland			
HOSPITAL OR ADDRES	S OR LOCATION	SITUTION, GIVE STREET	C. CITY OR TOW	VN (If autside carparate limits, write R	URAL and give township)		
INSTITUTION			Bal:	timore	(-) _		
△ ○ 3000 Seabu	ry Road			ESS (If rurol, give location)			
() 5000 Bease	Ly Mode		3000) Seabury Road			
5. SEX 6. RACE	7. MARR	IED, NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs.		
Male Neg	WIDOWE	D, DIVORCED(specify)	0 10 -	2 (lost birthdoy)	Months Days Hours Min.		
	17	ARRIED	2-18-	31			
10A, USUAL OCCUPATION (Giv	on it satismed) A		A A	A 14 1	12. CITIZEN OF WHAT COUNTRY?		
	ber	REAL Motors	H. A.	Co, Ma.	U.S.A.		
13. FATHER'S NAME	1		14. MOTHER'S M	AIDEN NAME			
HIFred	GREEN		E/51	e brooks			
15. WAS DECEASED EVER IN I			17. INFORMANT		ADDRESS		
Yes, no grunknown) (If yes, give	wor ar gales at service	216 26-2219	1/ R	GREEN 3000	Sonhe		
18.		019-28-3310	1-015 D	GLEEN 3000			
E 976X		CAUSE	OF DEATH		ONSET AND DEATH		
DISEASE OR CON	DITION DIRECTLY						
(This does not mean the	TO DEATH	m _(A) Shot	gun wound	of chest	• • • • • • • • • • • • • • • • • • •		
heart failure, asthenia, et injury or camplication wh	c. It means the disea	se, DUE TO					
injuly of campication with	icii coosea dediii.)						
ANTECEDEN		(D)					
DISEASES OR CONDIT	TONS, IF ANY, GIVIN	IG DUE TO	******************************				
UNDERLYING CONDIT		nc .					
Z		(C)					
Ĕ		, , , , , , , , , , , , , ,		124			
OTHER SIGNIFICANT C							
OTHER SIGNIFICANT C TO THE DEATH BU DISEASE OR CONDITION 19A. DATE OF OPERATION							
19A. DATE OF OPERATION	19B, CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY	(Yes or No) 20B. IF YES, WERE FINE			
0 0	WAS FERFORMED		No	IN CERTIFYING CAUSES	OF DEATH:		
21 A. EXTERNAL CAUSE W UNDERLYING XOR CONTR	AS 2	1B. PLACE OF INJURY (e.g.,	in or obout 21C. W	HERE DID (If in Baltimare City, give	exact location)		
UNDERLYING OF CONTRI UTING CAUSE OF DEAT		ome, farm, foctory, street, o					
21 D TIME (Month)	Day) (Year) (Hauri)	nome		000 Seabury Road			
OF INJURY							
(APPROX.) 11-28-66	12:30 A.	m. WHILE AT NOT	WHILE X SI	not self			
22.	eld on Inquiry	Inspection X Aut	opsy ond	I that on this bosis, death in my	oninlan		
			[EE]				
resulted from: I	Natural couses	Accident Suicid	e X Homicia	de Undetermined manner			
ACTUAL ()	1 0	().		EDICAL EXAMINER	DATE SIGNED		
SIGNATURE	ACCISTANT NEDICAL EVANIMED X						
EXAMINER'S	Charles C	Springate, M.D.			ovember 28, 1966		
NAME (Type)	Chartes b.	phringate, H.D.			Jveinber 20, 1700		
23A. BURIAL CREMATION, 2	3B. DATE	23C. NAME of CEMETERY	CREMATORY	23D. LOCATION (City, to	awn, or county) (State)		
REMOVAL (Specify)	12-1-61	MT 7 min M	oth Ch	AACO	MA d.		
24A. DATE REC'D BY HEALTH	DEPT. 248 NA	ME OF REGISTRAD	24C. FUNERA	AL DIRECTOR	ADDRESS		
		4 64 4	1		MUDICIS		
MAA SA	1300 (106	BE, Farkey M.S.	MORTO	nut Duoti 17	OI LAURENS ST.		
VS 151-REV. 1/1/65			TIONIC	,	BIT TO THE STATE OF THE STATE O		



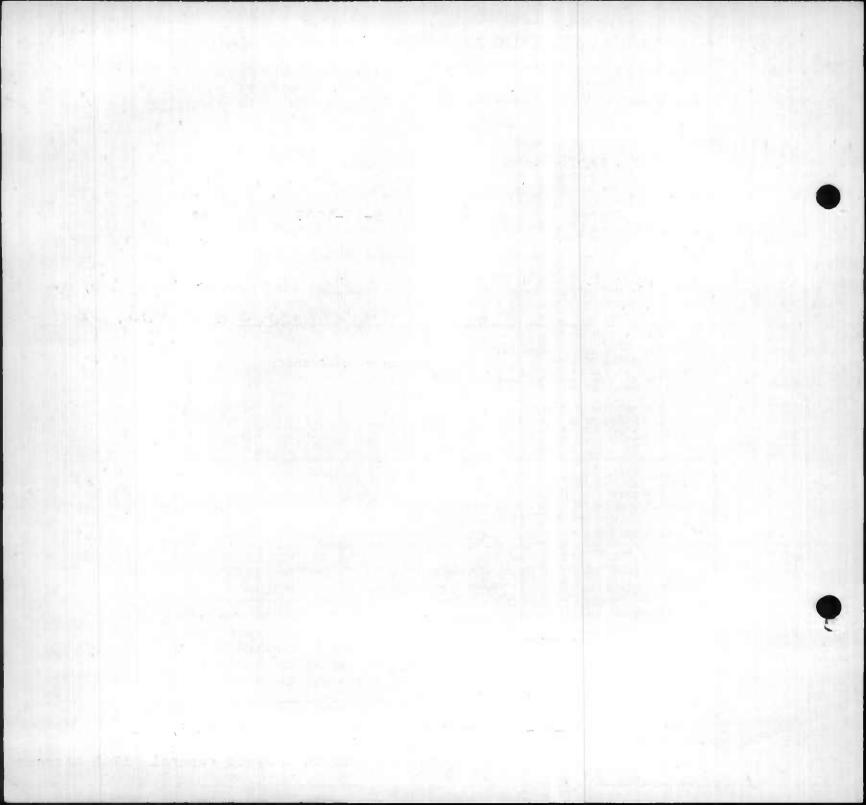
Such

	66 11927 BALTIMORE CIT	TY HEALTH DEPARTMENT 66 11927			
9	BIRTH NO. CERTIFICA	ATE OF DEATH Registered No.			
	M.E. CASE NO. 1, NAME OF DECEASED	2, DATE AND HOUR OF DEATH			
	(Type or Print) GROWO Mays	11-26-66 8:404			
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE / B. COUNTY			
	FULL MANE OF All residence institution and about	A. STATE B. COUNTY			
	FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN , (If outside city timits, write RURAL and give township)			
		Baltimore 16-0)			
	Johns HOPKINS Hospital	D. STREET ADDRESS (If rurol, give location)			
ó	33	3013 Prossman ST.			
300	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	MEVER MARRIED	6-3770/ 60			
- IS	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
Isposition	LABORER TERTILIZER CO.	Ropel N.C. U.S.A.			
051	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Sp	THUMAS MAYO	GINNIE MCNEAL			
U	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS			
2	(Yes, no or upknown) (If yes, give wor or dotes of service) SECURITY NO. UNK	Lillian MAUD 3013 TressTMAN ST.			
r tin		OF DEATH INTERVAL BETWEEN			
0 44					
Dec	LEADING TO DEATH	Myocardiel MFONCT 301			
balm	(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,				
Q L	injury ar camplication which caused death.)				
E	ANTECEDENT CAUSES (B) DUE TO				
are	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)				
	UNDERLYING CONDITION last.				
the remains	11	. /			
e E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	CIDOMAGE prostede			
0	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION				
÷	WAS PERFORMED OF CANCELLANGE	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
ore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID (II in Boltimore City, give exact location)			
bef	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?			
	D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
ained	While At Not W	hile			
pta	Work At Wol				
0	22. I certify that (I) (this haspital) attended the deceased fram	11-7 1966 10 11-26 1966.			
pe)19 66 and that in(my) (aur) apinion death accurred on the date			
must	and have and from the causes stated above. (1) (We) (did) (did nat)				
Ē	23A. SIGNATURE M.D. A	Med. Stoff Phys. 8 11-76-66			
D	// Collection	.,,.			
20	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS / LOC Mark 420 Magaze /			
approval	MARK SILK M.E	The state of the s			
0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	CREMATORY 24D. LOCATION (City, town, or county) (Stote)			

DAPIA 25A. DATE REC'D BY ADDRESS 00 25B. NAME OF REGISTRAR BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Den 14.8 VS 150-REV, 1/1/65 0

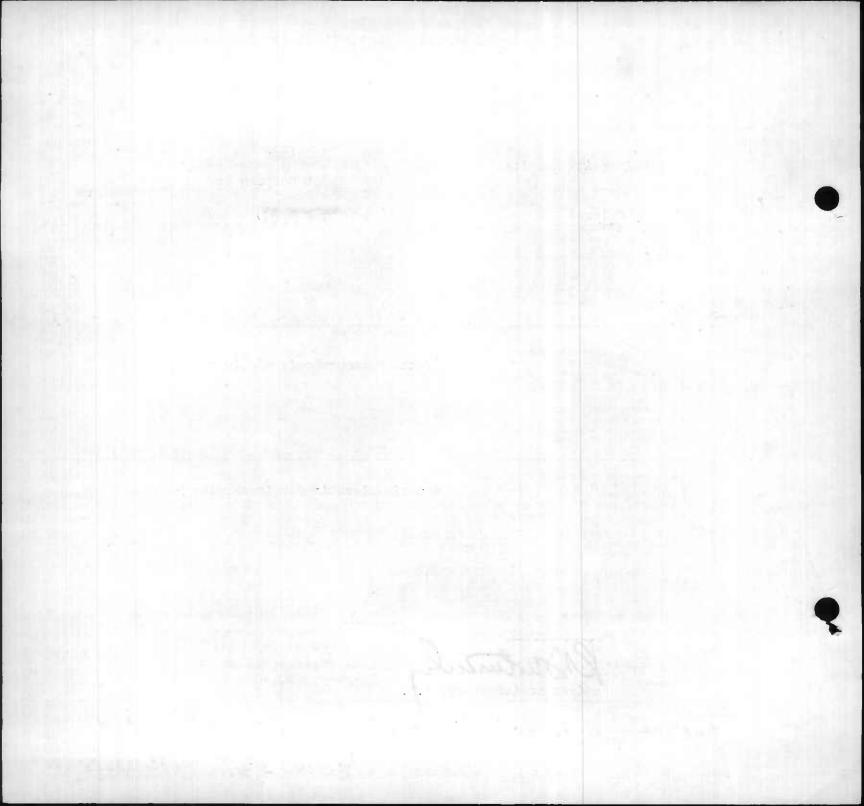


OLLIE O. BANKS	
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	November 24, 1966 12:45 A 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) 8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION) N STITUTION	Maryland
538 N. Payson Street	Baltimore D. STREET ADDRESS (If rurol, give locotion) 529 N. Payson Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days Hours Min.
Female Negro WIDOWED, DIVORCED (specify)	9-25-1905 lost birthdoy Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INE	
3. FATHERS NAME	14. MOTHER'S MAIDEN NAME MORTHA FILEN
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (es_no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	No lie Waddy - 538 N. Payson ST.
18. 170 X	AUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Car	
(This does not meon the mode of dying e.g., heart foilure, asthenia, etc. It means the disease,	cinoma of Breast.
injury or complication which coused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS O UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH. 21B. PLACE OF INJURY home, form, foctory, st	(e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) eet, office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCU (APPROX.) WHILE AT WORK	NOT WHILE AT WORK
22. I certify that I held an Inquiry Inspection X	Autopsy and that on this basis, death in my opinion
resulted from: Notural couses X Acciden S	uicide Homlcide Undetermined manner
ACTUAL O	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE Charles Testy EXAMINER'S	ASSOCIATE MEDICAL EXAMINER \(\text{\text{\$\}\$}}}}\$}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
MAME (T) Charles C Dotter	
NAME (Type) Charles S. Petty 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 23C. NAME of CEME	TERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote)

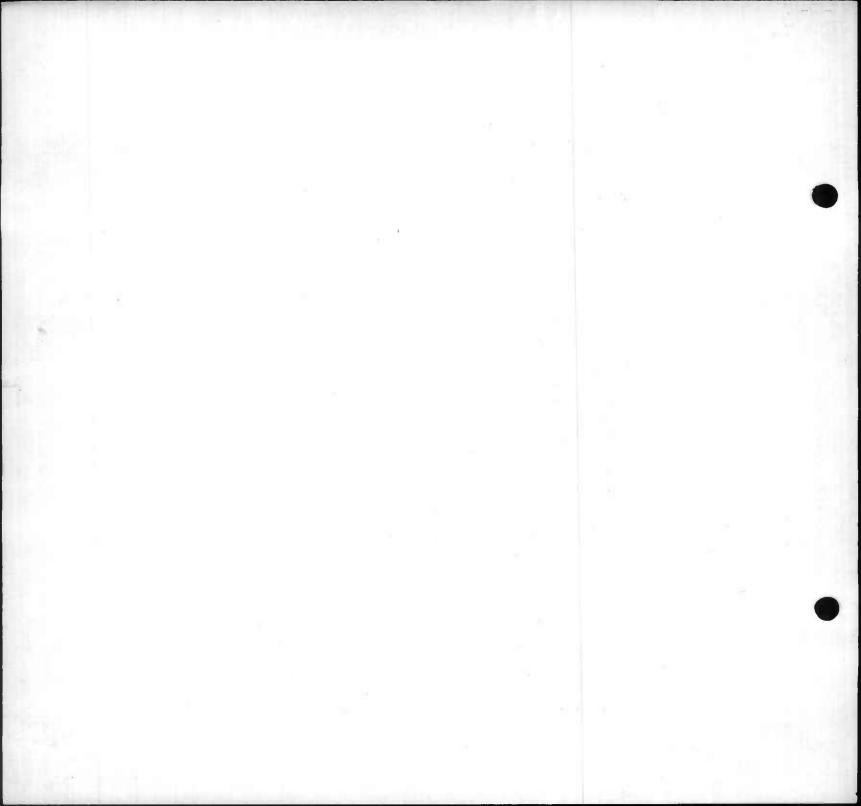


	DALIMORE CITTIESETTI DEI ARTMENT					
MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH Registe			

BIRTH N	10.	MED	CAL EXAMINER	S CERTIFICA	TE OF DEATH Registe	red No.	
M.E. CA							
1. NAM (Type or	TE OF DECEASE	D			2. DATE AND HOUR PRONOUNC	ED DEAD	
	JOHN	10.	WASHINGTON		November 23, 1966 12:55 A M.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESID	ENCE (Where deceased lived. If insti B. COU	itution: residence before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			Ma:	ryland			
			C. CITY OR TO	WN (If autside corporate limits, write	RURAL and give tawnship)		
				Bai	ltimore	1-0-	
2	Univ	ersity Ho	spital		RESS (If rural, give location)		
0	0				8 Hoffman Street		
5. SEX	6. RA	CE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify		H 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min.	
M	ale C	Colored	Single	1V00 2	31900 66		
			TOB. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE	(State ar foreign country)	12. CITIZEN OF WHAT COUNTRY?	
done duri		() VC V		North	him berkend Va	1).5 1.	
13. FATH		1 '	i	14. MOTHER'S M	AIDEN NAME		
	John	1050	inaton	Mari	Palmer		
15. WAS	DECEASED EVE	ER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT	J stirites	ADDRESS	
res, no	10	s, give war ar date	s of services	1/5 M. The	e lakichi eli	KIN Ro.	
18.	100.	2	018-01-10	CAUSE OF DEATH	na 5 vous ning en	INTERVAL BETWEEN	
	581,0) 1		CAUSE OF DEATH		ONSET AND DEATH	
		CONDITION DI			and of Times		
(1	This does not me	ean the made of	dying e.g., DIE TO	tty Metamorph	osis of Liver		
"	njury ar camplicat	nia, etc. It means lian which caused	death.)				
	ANTEC	EDENT CAUSE	e e				
	DISEASES OR C	ONDITIONS, IF A	NY, GIVING (B)	·····			
		OVE CAUSE (A) ST	TATING THE				
			(C)			••••••••••••••••••••••••	
CERTIFICATION		II					
O T	THER SIGNIFICATION THE DEAT	ANT CONDITIONS 'H BUT NOT RE			Conditions and Die		
	DISEASE OR CON	NDITION CAUSING	3 ITAL.L.S		Cardiovascular Dis		
H 19A.	, DATE OF OPER	MAS PER	IDITION FOR WHICH OPERATIO FORMED		? (Yes or No) 208, IF YES, WERE FIR	SES OF DEATH?	
10	EXTERNAL CAL	ICE NAVAC	212 21 4 55 05 1411112	Ye		Yes	
¥ 21 A. UNI	DERLYING DOR C	CONTRIB-	hame, farm, lactary, s	Y (e.g., in or about 21C. V street, affice bldg., INJUR		ve exact location)	
W	NG CAUSE OF	DEATH.	etc.)				
	TIME (Mor	nth) (Day) (Year	Hour) 21E. INJURY OCC	URRED 21F. H	OW DID INJURY OCCUR?		
	PROX.)		m. WHILE AT	NOT WHILE			
22.	1 25 1						
		not I held on I		Autopsy X on	d that on this bosis, death in m	ny opinion	
	resulted for	rom: Notural co	uses X Accident	Suicide Homici	de Undetermined monne	er	
	ACTUAL	DAN			EDICAL EXAMINER	DATE SIGNED	
	ACTUAL SIGNATURE	KIN	Tisturbule	_M.D. ASSISTANT M	EDICAL EXAMINER X		
	EXAMINER'S		Dundhamadan Wil	ASSOCIATE N	EDICAL EXAMINER	11/23/66	
224 5	NAME (Type)		Breitenecker, M.		222 1021		
	AL (Specify)	ON, 238. DATE	23C. NAME of CENA	ETERY or CREMATORY	23 D. LOCATION (City,	town, or county) (State)	
Bu	RIAL	11-29-	-66 MT. A	tubURN	DA 140,	Md.	
24A. DA	ATE REC'D BY H	EALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS	
		0 0 1000	10 2 60 15 M	Maga	well Dust 1	701 LAYRENS	
VC 151.	-REV. 1/1/65	29 1955	12 2 5 CCO. 14	TOK 71	on + yell	J MYGRE 100	

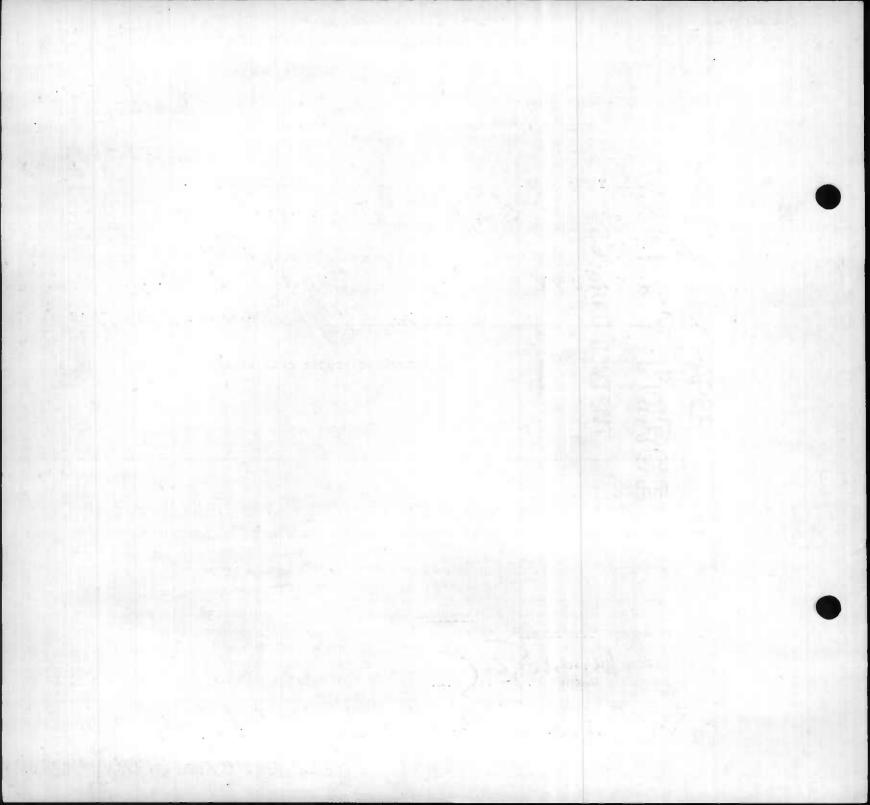


- Live	TH NO. 66 1193	0	CERTIFICA	TE OF DEATH	Registered Na.	66 11930		
1. N	NAME OF DECEASED pe or Print) EDNARDS,	NICK	Nicadem		AND HOUR OF DEATH	1:00 A M		
	PLACE OF DEATH IN BALTIMORE, MA BALT IMORE CIT (If not in hospital oddress or location INSTITUTION BALT IMORE CIT 4940 EATERN A BALT IMORE, MA	rtal ve street	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 8. COUNTY Md. C. CITY OR TOWN (If outside city limits, write RURAL and give township) 13a/fimore D. STREET ADDRESS (If rural, give location) 1734 Poplar Grove St. #21216					
5. 5	Male Negro	DIVORCED (specify)	9-30-96	9. AGE (In years lost birthday)	If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.			
don	A. USUAL OCCUPATION (Give kind of work to during most of working life, even if retired) Laborer	mifation	11. BIRTHPLACE (Stote or for	12. CITIZEN OF WHAT COUNTRY? WS A				
13.	Tom Coley			Emma	Cally ?	Edwards		
15. (Ye	Wos Deceased Ever in U. S. Armed Fors, no or unknown) (If yes, give wor or date	s of service)	6. SOCIAL SECURITY NO. 243-07-1817	17. INFORMANT RECORDS: BC OBELIA JEST	RN AVE. #21224			
	DISEASE OF CONDITION DIE	ECTLY	CAUSE O	F DEATH .		INTERVAL BETWEEN ONSET AND DEATH		
	LEADING TO DEATH (This does not meon the mode of heart failure, astheria, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.	the disease, death.)	(8) B/L	am negative adder neck runoma of	obstructe	upprox 8 hre		
AL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IN 198. CON WAS PERIOR OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	DITION FOR WITTON FORMED (1) 21B. Phome,	LACE OF INJURY (e.g., in	20 A. AUTOPSY? (Yes or yes or obout 21 C. WHERE DID in or obout 11 C. WHERE DID in or obout 11 C. WHERE DID in or obout 12 C. WHERE DID in or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? City, give exact locobon		
MEDIC	OF INTIUSY	(Hour) 21 E. I. White Work	NJURY OCCURRED At Not Whill At Work		NJURY OCCUR?			
	22. I certify that (1) (this haspital) attended the deceased from							
	23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	***	M.D. Atte	nding Med.	Stoff Phys.	238. DATE SIGNED 11/24/66		
	DR. S.W. I	OUGLAS,		4949 EASTERN		•		
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1-21-6 A. DATE REC'D BY-HEALTH DEPT.	6 A 1 258. NAME OF	AE OF CEMETERY OF CRE	240.	Rbylus	ADDRESS (State)		
VS	NOV 29 1966	R.C. 6	E. Farburis	Morton	Dye1/ 17	101 LAURENS		

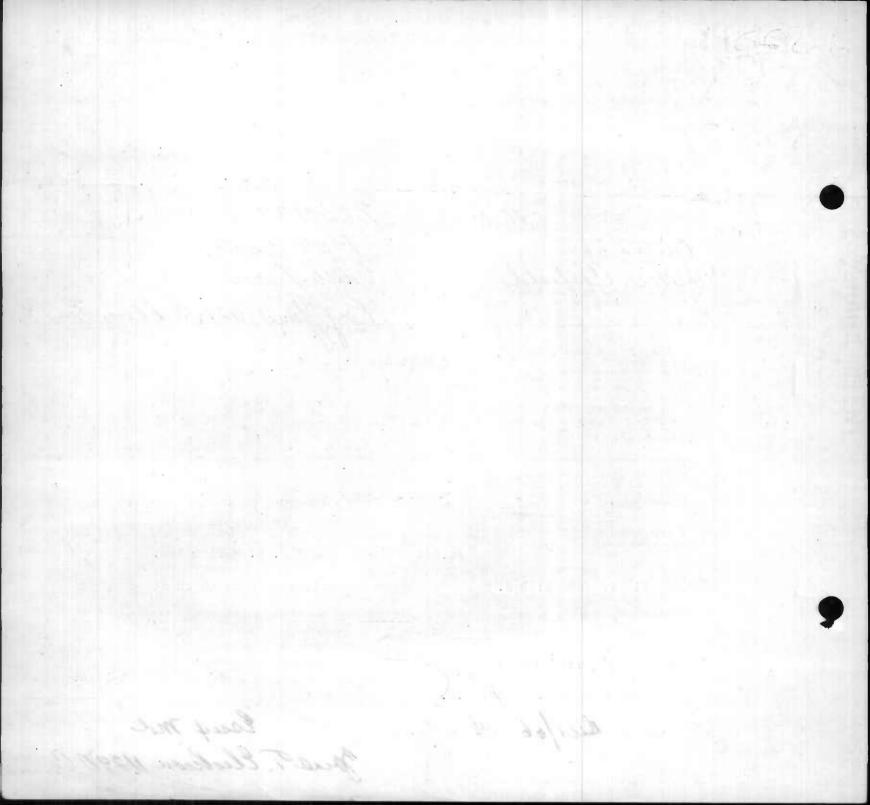


BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 11931

ing. I	CASE NO.						
1. I (Typ	NAME OF DEC		Man Changi 1		2, DATE AND	HOUR PRONOUNCED	
0 0		Cora		I HEHAL DECI	2501054144	11/26,	
3. P	LACE IN BALII	MORE MARTLAND, W	HERE PRONOUNCED DEAD	A. STATE	DENCE (Where d	B. COUN	tion: residence before odmission)
			Ma	aryland		V	
			C. CITY OR TO	WN (If outside	corporate limits, write R	URAL and give township)	
INS	TITUTION				D 1.1		11-01-
				n centre Ann	Baltimo		11-07
	00			D. STREET ADD	DRESS (If rurol,	give locotion)	
	(10)	1135 Tiffany	Ct.		1135 Ti:	ffany Ct.	
5. S		6. RACE		B. DATE OF BIRT		9. AGE (In years	If Under 1 Yr, If Under 24 Hrs.
			WIDOWED, DIVORCED (specify)	71	MARIL	lost birthdoy)	Months Doys Hours Min.
1	emale	colored	SINGLE	K/W/12	14.1844	72	
10A	USUAL OCCU	PATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	Stote or foreign	country)	2. CITIZEN OF
don	during most of w	rorking life, even if retired)				Ms.	WHAT COUNTRY?
10	DOM	63/1C				191	
13,1	ATHER'S NAM	1. 6		14. MOTHER'S M	AAIDEN NAME	7/	
		11.11 KALAKII	1/	(0)	não	V/OZCKS	son,
15.	WAS DECEASE	EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT			ADDRESS //
		(If yes, give wor or dote		10.01	, W	7	1/2/1/10
	No		9/9-21-7/6/	CNIL	m //4	MKONKTUK N	12027XXIIIXXV
	1B.		CALLEE	OF DEATH	10/110	The state of the s	INTERVAL BETWEEN
	Hid	21	CAUSE	OI DEATH			ONSET AND DEATH
	DISEAS	E OR CONDITION DI	RECTLY				
		LEADING TO DEATH	(A) Arteri	oscleroti	ic cardio	ovascular dis	sease
	(This does n	ot mean the mode of osthenio, etc. It means	dying, e.g., DIIF TO				
	injury or con	nplication which coused	deoth.)				
	3 A						
		NTECEDENT CAUSES	(P)				
		OR CONDITIONS, IF A					
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
7	ONDENETHI	o dontoinon tasii	(C)				
ō							
7	071170 0101		CONTRIBUTING				
Q		NIFICANT CONDITIONS DEATH BUT NOT REI					
프		CONDITION CAUSING					
ERTIFICATION	19A. DATE OF	OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	20B, IF YES, WERE FIND	DINGS CONSIDERED
Ö	_	WAS PER	FORMED			IN CERTIFYING CAUSES	OF DEATH?
۲	2TA, EXTERNAL	CALLE WAS	DAD BLACE OF INTURY		no l	Fin Button City	* 1 - 2 - 1
EDICAL	UNDERLYING	OR CONTRIB-	218. PLACE OF INJURY (e.g., in home, form, foctory, street, o	ffice bldg., INJUR	Y OCCUR?	f in Boltimore City, give	exoct locotion)
0	UTING CAU	SE OF DEATH.	etc.)				
Z	21 D TIME	(114 14) (15) (14	(Hour) 21E. INJURY OCCURRED	01F H	IOW DID INJU	DV OCCUPS	
	OF INJURY	(Month) (Doy) (Year	(Hour) 21E. INJURY OCCURRED	21r. H	חנאו מום אסו	RT OCCUR?	
	(APPROX.)		m. WHILE AT NOT WORK AT W	WHILE			
	22.						
		ify that I held on I	nquiry Inspection X Aut	opsy on	nd that on this	s bosis, deoth in my	opinion
		and Come Manual and	uses X Accident Suicide	П и	.a. 🗀 .u	industrial and an armonic	
	result	ted from: Notural car	Accident 5uicide	Homic	ide U	ndetermined monner	
		1		CHIEF	MEDICAL EX	AMINER	DATE SIGNED
	ACTUAL	- MUSul 1	7-1	ASSISTANT A	AFDICAL EX	AMINER	DATE STORED
	SIGNATI	URE MUSICAL					
	EXAMIN	ER's Werner	U. Spitz M.D.	ASSOCIATE !	MEDICAL EX	AMINER	11/27/66
	NAME (Гуре)	Jin,				
	BURIAL CREA		23C. NAME OF TEMETERY O	CREMATORY	23 D. LC	CATION TOTAL	wy or county) / (Stote)
RE	AQVAL (Specify	1 11	101 1 914 11.11.	a Mana	- 1	rolly still	1. 4/1/
L	mull	/VOVUO	1466 VIII 12 1 ALITUR	1 (KMV	(1	ace MIL	11141
24/	. DATE REC'D	BY HEALTH DEPT.	24B NAME OF REGISTRAR	24C. FUNE	RAL DIRECTOR	- July	ADDRESS
			1	2/1/1	1	131	. 200 (1 1 1.0.
	NIO1	1 00 1000 A	O B- S STO. ON MA	111/11/	Pull Tim	elds Houl 3	14 YI XARINGOIXI
VS	151-REV. 1717	15 15 15 Up	Coll College	- ALM UNA	The India		The Vaccion of



7-250	BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEAT M.E. CASE NO.	66 11932 HRegistered No
	1. NAME OF DECEASED (Type or Print) Betty Jones	11/27/66 2:05 a.
	A. STATE Maryland	lived. If institution: residence before admission) B. COUNTY B. CO
	City Hospitals D. STREET ADDRESS (If rurol, give local description) 431 Back Rive	
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AC	OF (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days Hours Min.
	13. FATHER'S NAME (14. MOTHER'S MAIDEN NAME CARLIED CARRIED CARRIED CARRELLA CARRELL	w
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	19 Back River Hell Rd
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying e.g., heart failure, asthenia, etc. If means the disease, injury or camplication which coused death.)	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF 1	
	WAS PERFORMED WAS PERFORMED WAS PERFORMED WAS PERFORMED YES WAS	mare City, give exoct location)
	21D TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY DID INJUR	
	I certify that I held an Inquiry Inspection Autapsy and that an this basis resulted fram: Natural causes Accident Solicide Hamicide Undeterm CHIEF MEDICAL EXAMINE SIGNATURE WELL SIGNATURE EXAMINE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. ASSISTANT MEDICAL EXAMINE	nined manner DATE SIGNED
	23A. BURIAL CREMATION, 23B. DATE 123C. NAME & CEMETERY OF CREMATORY 23D. LOCATION REMOVAL (Specify) 24A. DATE REC'D BY HEALTH DEPT. 124B. NAME OF REGISTRAN 124C. FUNERAL DIRECTOR 124	(City, town, or county) (Stote) of Md ADDRESS cheese 1/2971 Cust.



min 60 11000	BALTIMORE CITY	HEALTH DEPARTMENT		00 44000
ыктн NO.60-17321 66 11933	CERTIFICA	TE OF DEATH	Registered No.	66 11933 -
M.E. CASE NO.			HOUR OF DEATH	4
(Type or Print) Grafton Lee Savas	22	27 Nov		1 945 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			deceased lived. If insti	tution: residence before admission
FULL NAME OF (If not in hospitol or institution, green HOSPITAL OR oddress or location) INSTITUTION	e street		altimore	RAL ond give township)
University of Mary land Ho	pital	Baltmone		17-03
38		851 George	84.	11 43
5. SEX 6. RACE 7, MARRIED, NI WIDOWED, I	EVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 9.	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min,
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BIdone during most of working life, even if refired)	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Child	-	Maryland		PZU
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	t .	
William Savage		Alice Boy	kins	
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		Alies Soung	5 857 GA	ronge St
18. 2 3 7 X 1	CAUSE OF	- 00		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		0		ONSET AND DEATH
LEADING TO DEATH	(A) TOSTE	erior tona tu	unen	5 months
(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO			
injury ar camplication which coused death.)				
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, giving				
rise Ia the above couse (A) sloting the UNDERLYING CONDITION last.	(C)		v 00 000 0 00 00 00 00 00 00 00 00 00 00	
11				
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WH 10/28, 11/17, 11/21 Was PERFORMED HAVE		20A. AUTOPSY? (Yes at No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ACE OF INJURY (e.g., in	or about 21C. WHERE DID INJURY OCCUR?	(If in Boltimore (City, give exoct locotion)
	NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.) White Work		-	_	
22. I certify that (1) (this hospital) attended the	deceased from /2	Oct 19	66 10 27	NOU 1968
that (I) (we) last saw the deceased alive on				on deoth occurred on the do
and hour and from the couses stated abave. (1)				
23A. SIGNATURE	, o, (o, o, o	The body offer doons		3B, DATE SIGNED
Kaker Stack	M.D. Atter	miding Med. S Director P	taff hys. 🔀	27 Nov 66
23C. PHISICIAN'S NAME (Type)	M, D,	3D. ADDRESS		//- 7.6
24A. BURIAL CREMATION, 124B. DATE 124C. NAM	AE of CEMETERY OF CRE	MATORY 24D. 400	CATION (City,	town, or county) (State)
Briso 18/166 Des	of dutin	B	who mile	(31016)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	-	ADDRESS

PAny 638NG, am en St

VS 150-REV. 1/1/65

Alex Sampe St. wanter St.

Brand of his me harter Britains

Franchis Rolling Carle Commer St.

-	CASE NO.	CEASED	WILL	IAM G.	DABNE	Y		hour Pronounce		5:25 P.
	NAME OF			OR INSTITUTION		A. STATE Ma	aryland	B. COU	NTY	ce before admission)
ILHOSE	TUTION	ADDRESS	OR LOCATI	on Street		Ва	altimore	corporate limits, write	RURAL ond	give township)
(00					18		xington St		
5. SE	ale	6. RACE Negr	W	MARRIED, NEVE VIDOWED, DIVOI MARRIED, NEVE	(CED (specify)	MARCH 2		9. AGE (In years last birthday)	Months Do	Yr. If Under 24 Hrs. ys Hours Min.
dong	during most of	working life, ever	n if retired)	ONENETS			ick - W.	,	12. CITIZEN WHAT	OF COUNTRY?
13. FA	THER'S NAM	1,Am	Dosn	·ru		VIRGIA				
	AS DECEASE	D EVER IN U.	S. ARMED F	ORCES? 16.50	CURITY NO.	17. INFORMANT		20010	ADDRESS	a set
IFICATION	DISEASES RISE TO TH UNDERLYII		mode of difference of the course decourse of the course decourse of the course of the	Y, GIVING TING THE ONTRIBUTING TED TO THE	(A)Intr	acerebral h	nemorrhag	е.		
Ö)	CAUSE WA	WAS PERFO	218, PLAC	E OF INJURY (e,c	20A. AUTOPSY Yes which in or obaut 21C. North office bldg., INJUR	S WHERE DID (IF	B. IF YES, WERE FIRE CERTIFYING CAUSE YES in Boltimore City, given	SES OF DEAT	H?
200	TID TIME OF INJURY APPROX.) 2. cer	(Month) (D	(Year)	(Haur) 21 E. IN WHILE WORK	pection A	WORK On		OCCUR?		
	ACTUA SIGNAT EXAMIN NAME (URE C	harls	S.S.		CHIEF M	EDICAL EXA	MINER		DATE SIGNED

VS 151-REV. 1/1/65

in sourcement Caronard door com commerce Pape Co. M. Comming - don Wa truste Jesusy Vissons yes on in 200 200 20 0 296 d'attre lineary soon in Energit Roman safelies Borro Morrows - Barroms Man for & they 638 of The will to

25B, NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

66 11935

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED

(Type or Print)

Such

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

the body was release certificate must deceased as D.O. shows:

USUAL RESIDENCE (Where deceased fived. It institution; residence before admission) (If autside city limits, write RURAL and give tawpship) If Under 24 Hrs. If Under 1 Yr. If Under 1 Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S. A ADDRESS sane. INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) Nov. 23B. DATE SIGNED City, lown, or county (Stole) 25C. FUNERAL DIRECTOR

Registered No.____

2. DATE AND HOUR OF DEATH

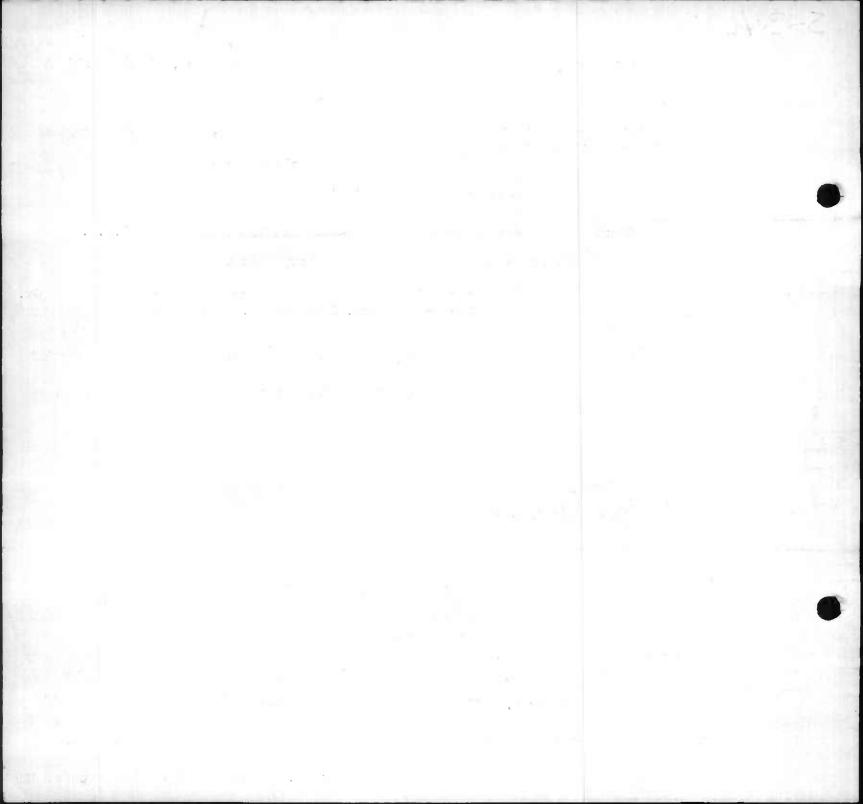
Plangton Leave I may last 127 Lund 158 1-15-81 79 Francisco Ph. 1-41-52 Maryland 2201920 From 2 Tota Darphy THE COLUMN IN FEDER COMPAN 61 1/1 29 No. 22 66

Such

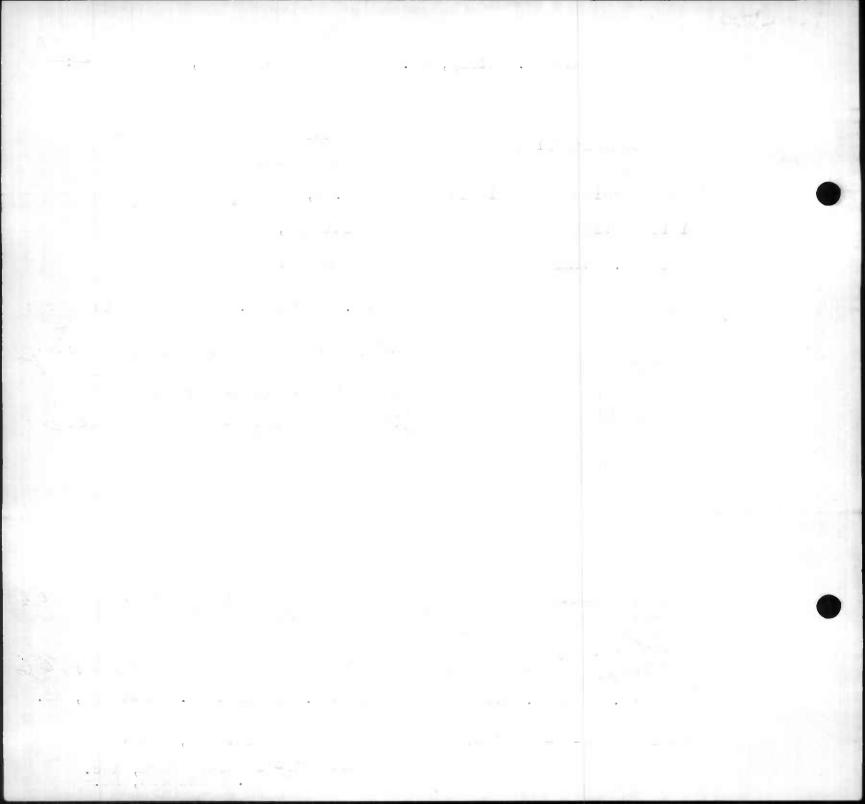
a hospital and

	66 119	20 BALTIMORE	CITY HEALTH DEPARTMENT		66 11936
BIRTH NO.		CERTIFIC	CATE OF DEATH	Registered Na	00 11330
M.E. CASE NO			2 DATE A	ND HOUR OF DEATH	4
(Tune or Diet)	Shuttleworth,	John Thomas		ember 23rd,	
	DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Wh	ere deceased lived. If	institution: residence before admission
FULL NAME	EOF (If not in hospital	or institution, give street	Maryland		
HOSPITAL C			C. CITY OR TOWN (1) o		
	Saint Agnes Hos			ounty, Arbu	tas / 5 ~ 0 0
70	Caton & Wilkens	s Aves 21229		f rurot, give location)	
	1			d Green	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify Married	7/17/06	9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA. USUAL O		10B, KIND OF BUSINESS OR INDU		reign country)	12. CITIZEN OF
done during most	of working life, even if retired)	No atimakana	Massachusatt		U.S.A.
10 - 4 - 11 - 12 - 1	Clerk	Westinghouse	Massachusett		U.D.A.
13. FATHER'S N		ard Shuttleworth	14. MOTHER'S MAIDEN NA Mary C		
	KICH	ara DilacticMotell	raly 0.	LICITION	
	sed Ever in U. S. Armed Fo		17. INFORMANT		ADDRESS Gr.
			Mar Toronhino	E Chuttler	
NO IB,	6-1 V I	128-03-7912 CAUS	E OF DEATH	E. SHULLIEW	orth, 4748 Bellwood
DIS	EASE OR CONDITION DI		2		ONSET AND DEATH
Dise	LEADING TO DEATH	(<	interval ()	11145	10 min
	s not mean the made of	dying, e.g., DUE TO	in the rot ca	WY III	
	re, asthenia, etc. It means complication which caused	s the disease,	inptimed Ci literio Schoolie	0 10	
	ANTECEDENT CAUSES	(B)	Literia Jelautic	c CVD	o you
DICEACEC		DOE TO			
	OR CONDITIONS, if The above cause (A)				
	ING CONDITION last.	140/ 0000000			
	li li				
E TO THE	GNIFICANT CONDITIONS (DEATH BUT NOT REL. OR CONDITION CAUSING	ATED TO THE			
	OF OPERATION THE COM	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or h	O 208. IF YES, WERE	FINDINGS CONSIDERED
E)12/2		REFORMED	len	IN CERTIFYING C	AUSES OF DEATH?
. OR CONTE	DENT WAS UNDERLYING	218. PLACE OF INJURY	e.g., in or obout 21 C. WHERE DID	(If in Bottime	ore City, give exact location)
DEATH (no	ptity medical examiner	etc.)			
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
S OF INJURY			While		
			Work U		122/11
22. I cert	ify that (1) (t his hospite	H) attended the deceased from	1965	19ta	123/66.19
that (I) (re) last saw the deceas	ed alive an 11/21/6	€ · /19 and t	hat in (my) (oor) as	onian death accurred an the da
and haur	and from the causes sta	ited abave. (1) (40) (did) (did	w) view the bady after death		
23A. SIGN /	ATURE . 1				238. DATE SIGNED
\ \\ \lambda	Jun 1 . 1 d	all & M.D.	Attending Med. Phys. Director	Stoll Phys.	11/23/4
23C.PHYSI	CIAN'S	A	23D. ADDRESS	· ity so tome!	11/23/66
NAMI	E (Type)	-4 	115 B A	L. Jack	Pills Rolling.
		ui i ilatt	1.D. 5550 1)6E	TO & PICCI.	I INC DICTION
REMOVA	REMATION, 248. DATE	24C. NAME OF CEMETERY O	CREMATORY 24D.	LOCATION	City, town, or county) (State)
Buri al	11-26-6	66 Lakeview Mem	orial Park B	altimore,	Maryland
25A. DATE REG	C'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS

Howard H. Hubbard, 4107 Wilkens Avenue, #29



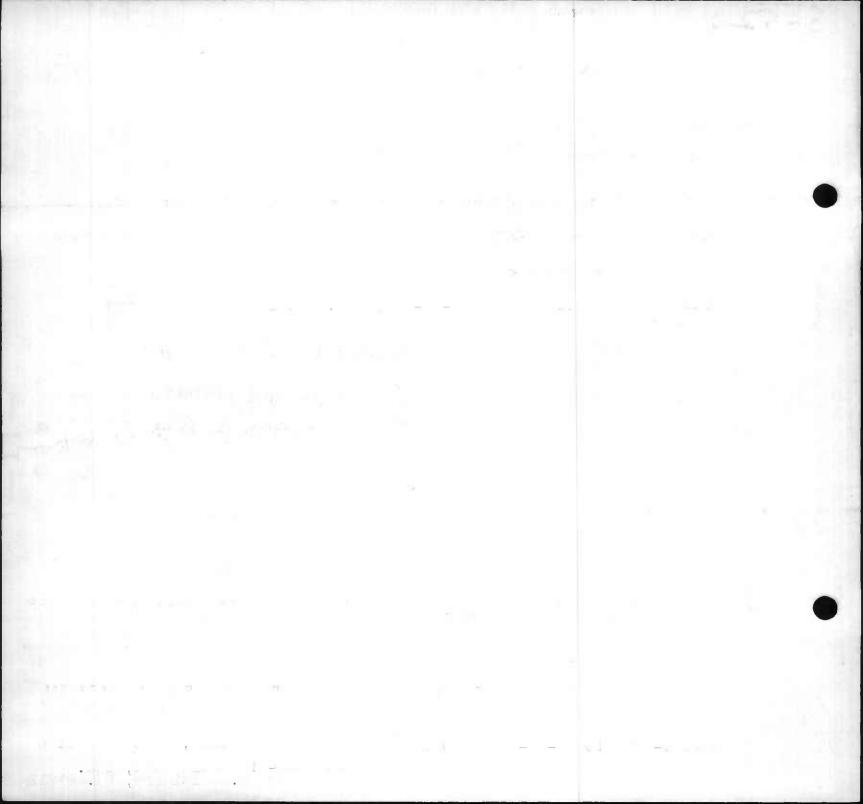
		66 1193	7		HEALTH DEPARTMENT		66 11937
	TH NO. E. CASE NO.	00 13.00	1	CERTIFICA	TE OF DEATH	Registered Na.	C/ 20
1. N	AME OF DEC		F. Re:	illy, Jr.		ber 28,196	66 10:10 P _M
3.	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Who		stitution: residence before odmission)
	FULL NAME OHOSPITAL OR	F (If not in hospital oddress or location		give street	Maryland		RURAL and a ve township)
10					Baltimore		27-34
0	Gould	Convalesari	Lum		D. STREET ADDRESS (III	rurol, give locotion) r Road	
5. 5	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
I	Male	White		ngle (specify)	Nov. 8,1895	71	Months Doys Hours Min.
		JPATION (Give kind of work	I	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
don		working lite, even if retired) Service			Baltimore, M	aryland	WHAT COUNTRY?
13.	FATHER'S NAM	A E	<u> </u>		14. MOTHER'S MAIDEN NA	ME	
	Peter	F. Reilly			Mary Burke	ř.	
		Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDRESS
	s, no or unknown W	(If yes, give wor or dote	s of service)	None	Mr. Charles	R. Law 243	Medwick Garth
	18.	0 X I		CAUSE O	<u> </u>	224	INTERVAL BETWEEN
	DISEAS	E OR CONDITION DIR	ECTLY	12	1		ONSET AND DEATH
	491 in 1 in 1	LEADING TO DEATH	Ker. 177	(A) (O	Rosello- p	Mellicall	1 5 days
	heart failure,	ol mean the made of asthenio, etc. It means	the diseose,	DUE TO	1 1	6	
		aplication which caused	death.)	(8)	alkenson.	beiseas	8 7
		ANTECEDENT CAUSES		DUE TO	1.7	1	
	rise to the	OR CONDITIONS, if a bove couse (A) GCONDITION lost.		10 Xe	tulilus El	Cers	(Mio
ATION	TO THE D	II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH				
CERTIFIC	19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medicol exominer)	21 B. hom etc.	e, lorm, foctory, street, of	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)
EDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	(APPROX.)		Whi	ile At Not While	e 📄		
	22. I certify	that (I) (th is haspital	attended t	he deceased from	118	196610	1/2-7 1966
		-last saw the decease		/	7 19 6 Gand 1	hat in (my) (owe) api	nian death accurred an the date
					riew the bady after death.		
	23A. SIGNATO	1	1 .				23B. DATE SIGNED
1/	LA	des DiK	luir	Col M.D. Atte	ending Med.	Stoff Phys.	11/28/66
	23C THYSICIA NAME (T	vpe)	F. Kli		23D. ADDRESS	ument St. 1	Baltimore, Md.
24/	BURIAL CRE			AME of CEMETERY OF CRE			ity, town, or county) (State)
	REMOVAL (Specify)					
_	Burial	11-30- BY HEALTH DEPT.		ltimore Nat	25C. FUNERAL DIRECTO	altimore, l	ADDRESS
			1 0	Sabaria II.	Mitchell-Wi	lèdefeld He	ome. Inc.
VS	150-REV. 1/1/	65\11\12\2\2\19\1	(P. Dyg.	B. E. Jalley "	16500 York 1	Rd. Baltim	ore, Md.



VS 150-REV. 1/1/650 1 8 9

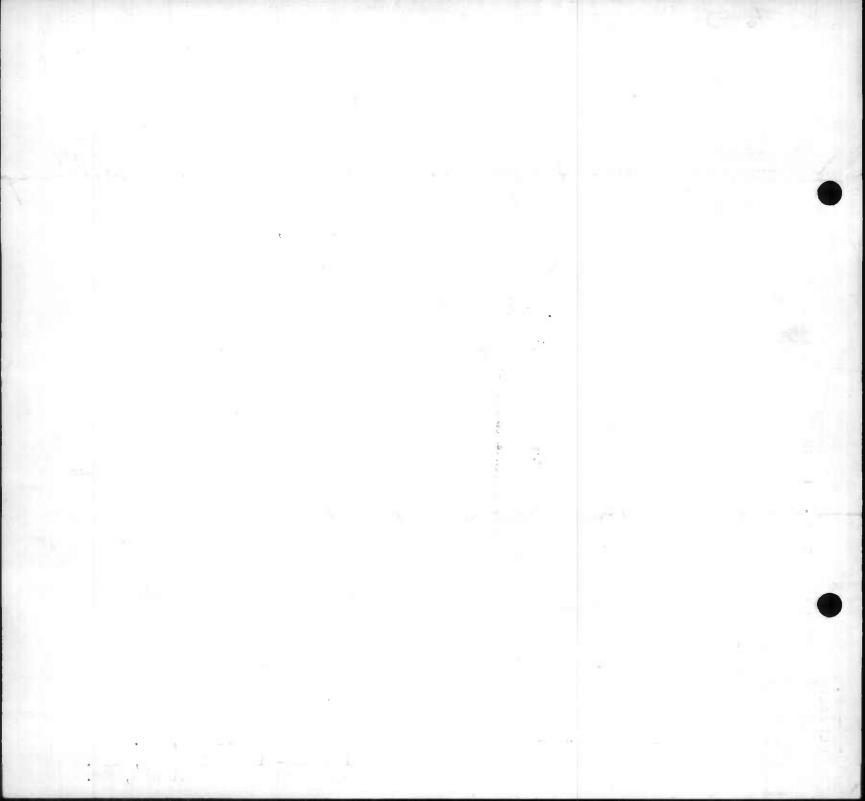
11938	BALTIMORE CITY HEALTH DEPARTMENT
111000	

66 11938 BALTIMOR	RE CITY HEALTH DEPARTMENT	CC 11020
BIRTH NO. CERTIF	FICATE OF DEATH Registered No.	66 11938
M.E. CASE NO.	2. DATE AND HOUR OF DEATH	10.0
(Type or Print)	^	. 05
SHENK WILLIAM 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, It in	1. Am
S, PLACE OF DEATH IN BALLIMORE MARIEAND	A. STATE B. COUNTY	stitution; residence vefore odmissio
FULL NAME OF (If not in hospital or institution, give street	MARMANIA	
HOSPITAL OR oddress or location)	C. CITY OF TOWN (If outside city limits, write &	URAL and give township)
THE LIMION MEMORIAL HOSPITAL		7-0-9-
+ 33 RO KNO CALVERT ST, BALTIMORE	D. STREET ADDRESS (If rurol, give location)	
1 33RD AND CALOOK! SIN TOMOLITICION	1648 ROMOHILL ROAD	
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 H
M WHOTE WARRIED (spe	1 1 1 1 1 1 1 1 1 1	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Store or foreign country)	12, CITIZEN OF
lone during most of working life, even if retired)		WHAT COUNTRY?
PUBLIC REL MANAGER BETTER BUSN. B	EUREAU PZNNSYCUANIA	AMERICAN
3. FATHERS NAME	14. MOTHER'S MAIDEN NAME	The Brands
5. Was Decessed Ever in U. S. Armed Foices? 16. SOCIAL	EUA SHAERBER	ADDRESS
Tes, no or unknown lift yes, give wor or doles of service) SECURITY NO		ADDRESS
yes WW II 087-10-	5535 Mrs. Kathleen Shenk	Same
18. 4 9 2 X 1 CA	AUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	Musicandar One forton P. H	4 #
(This does not mean the made of dying, e.g., DUE	my searded Infaretion. C. H	·
hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)		
injuly of Complication which coosed death,	Preumoria and obstruct	Thes
ANTECEDENT CAUSES (B) DUE	V bonel T=	
DISEASES OR CONDITIONS, if any, giving	Source Compost	0
rise to the above cause (A) stating the (C)	Preumonia and obstruct Severe Confestion of lun	FULLUNG
11		7 Pom
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
A DISEASE OF CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATIO	IN 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE I	INDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAL	JSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUS	RY (e.g., in or obout 21 C. WHERE DID (II in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, s	street, office bldg., INJURY OCCUR?	ony, give exect idealion.
U		
OF INJURY (Month) (Day) (Year) (Hour) 21E, INJURY OCCUR	RED 21F, HOW DID INJURY OCCUR?	
	Not While	
		2
22. I certify that (1) (this hospital) attended the deceased fro		
that (1) (we) last saw the deceased alive an NOV >3	19.66 and that in(my) (aur) api	nian death accurred on the d
and haur and from the causes stated above. (1) (We) (did) (did		
23A. SIGNATURE	101,71011100000,0110110001110	23B. DATE SIGNED
Ought of M	.D. Attending Med. Staff	
11 Wille	Phys. Director Phys.	
PONG MOON CHANG,	23D. ADDRESS THE UNION MEMO	RIAL HOSPITAL
FRANCIC T DALL	M.D. HILL PLACE THE RE	BAITIMARE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y OF CREMATORY 24D. LOCATION (Ci	y, lown, or county) (Stote)
REMOVAL (Specify)	The Education (7, 10.41, 01 60011191 (31016)
Burial-Transit 11-25-66 Ashvill		orth Carolina
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
Tally	Mitchell-Wiedefeld H 6500 York Rd. Baltim	ome, Inc.
		0 70 0 IVI 0 4 4 7 1 1 1 1 1 1



-24

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VS 151-REV. 1/1/65 MC Cully

24B, NAME OF REGISTRAR

23C. NAME of CEMETERY or CREMATORY

Glen Haven

23D. LOCATION

24C. FUNERAL DIRECTOR

(City, tawn, or county)

130 E. Fort ave

Glen Burnie, A. A. Co. Md.

23A. BURIAL CREMATION.

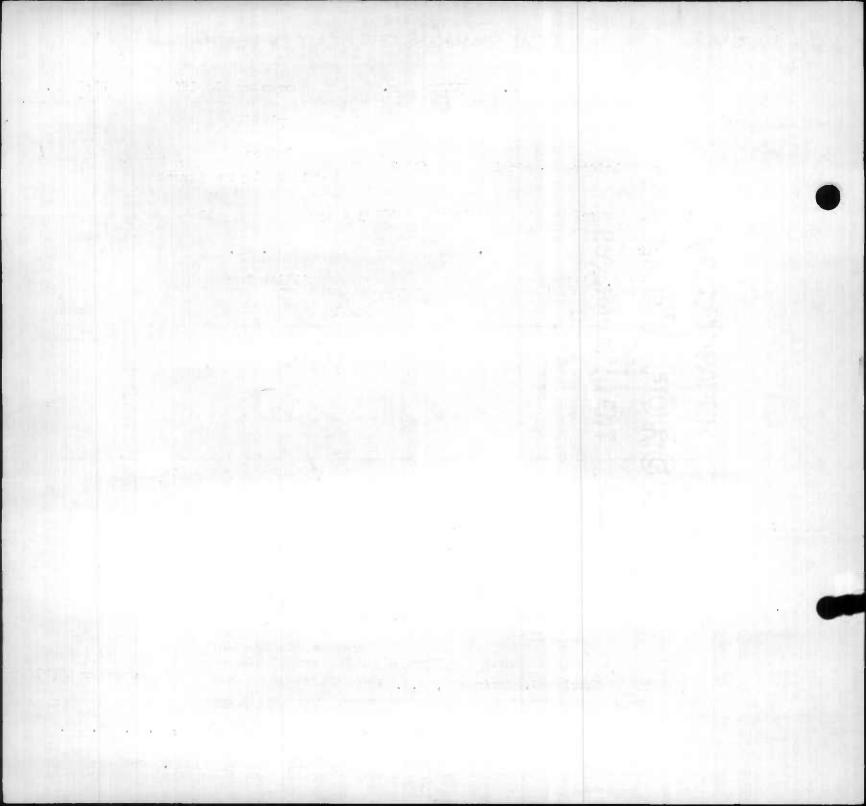
24A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

Burial

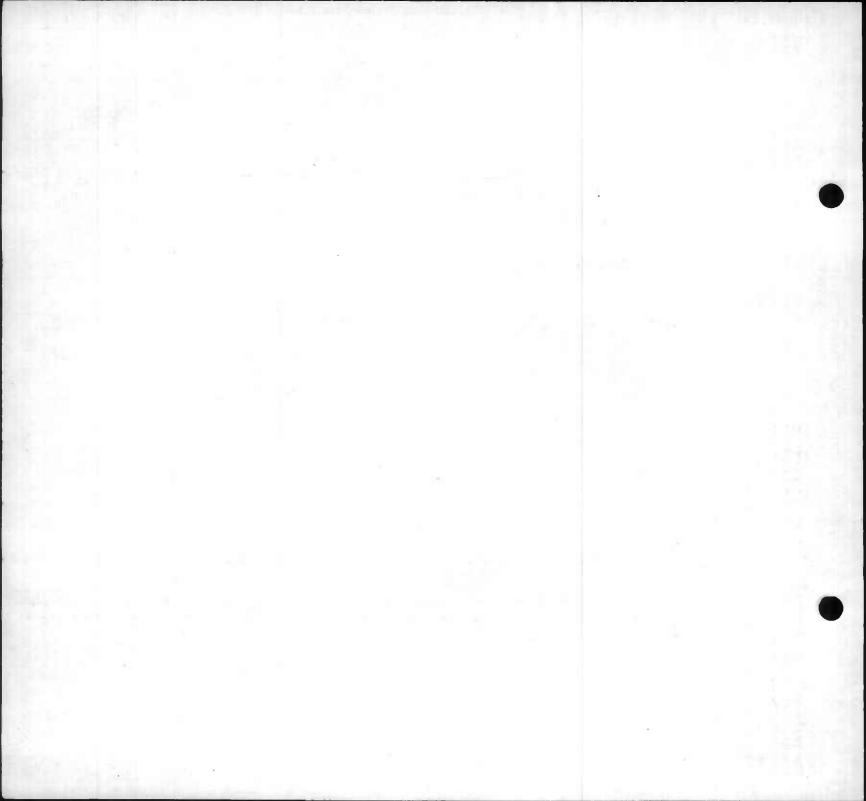
23B. DATE

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FUNERAL DIRECTOR: IMPORTANT		2			S
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and a standard to the hospital by a medical examiner. Also if the director contribution cause of death and and a standard to the hospital by a medical examiner.	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	Se	written approval must be obtained before the remains are embalmed or final disposition is made.
	U L	S		0	+
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	도	=	×	0	>
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D 66 11941	BALTIMORE CIT	Y HEALTH DEPARTMENT	60 11941
BIRTH NO.	CERTIFICA	ATE OF DEATH Registered No.	00 1101
M.E. CASE NO. 1. NAME OF DECEASED / ,)	24, Lucy	2. DATE AND HOUR OF DEATH	
(Type or Print) Walle	-y) Lucy	4. USUAL RESIDENCE (Where deceased lived. If in	14.30 a.n
PLACE OF DEATH IN BALTIMORE, MARYLA	MD	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE 8. COUNTY	stitution: residence before admission
FULL NAME OF (If not in hospital or in	stilution give street	Maryland	
HOSPITAL OR oddress or location) INSTITUTION	smorten, give sweet	C. CITY OR TOWN (If outside city limits, write I	URAL and give tawnship)
	1,	Balt. 30	23-62
by North Charles	Horn.	D. STREET ADDRESS (If rurol, give location)	c '/
1		1607 (Darkson	. 11.
5. SEX 6. RACE 7.	WARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	3 - 24 - 1900 9. AGE (In years lost birthday)	If Under 1 Yı. If Under 24 Hr. Manths Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
dane dyring most of working life, even if retired)	-	Virginia	U-5.A
3. FATHER'S NAME			1 11
Laugh, John	~	Johnson, John	ille
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknawn) (If yes, give war ar dates af	service) 1 6. SOCIAL SECURITY NO.	7 7	ADDRESS
NO	2120739	43 chart	
18. 44(3X H-260	CAUSE	DF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT			ONSET AND DEATH
LEADING TO DEATH	(A) MC	astric Conter of	Iraus
(This does not mean the made of dyi heart failure, asthenia, etc. It means the	ng, e.g., DUE TO	rate i conten	
injury ar camplication which coused dea	th.)		
ANTECEDENT CAUSES	DUE TO		Jan
DISEASES OR CONDITIONS, if any,		2 6 C V D S	U a
rise la lhe obave cause (A) slo UNDERLYING CONDITION last.	ling the (C)	& CVOS	J Early
11	•		
OTHER SIGNIFICANT CONDITIONS CON		eles .	Years
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE hypre	ten Sin	, caro
19A. DATE OF OPERATION 198. CONDITI	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORM	WED	Yes IN CERTIFYING, CAL	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY le.g.,	in ar about 21 C. WHERE DID (If in Baltimare office bldg., INJURY OCCUR?	City, give exact location)
DEATH (notify medical examiner)	etc.)	Silver Stage Interest	
21D. TIME (Manth) (Day) (Year) (H	our 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ØF INJURY (APPROX.)	While At Not Wh		
	Wark At Wark		
		11. 25 19 6 to 11	
that (I) (we) lost sow the deceased o	live on 3 a mall	2 6 19 ond that in (my) (our) opli	nion death accurred an the do
and hour and from the couses stated	obove. (I) (We) (did) (did not)	view the body ofter deoth.	
23A. SIGNATURE			23B. DATE SIGNED
F. Celiba		tending Med. Staff, Phys.	11.26.66
23C. PHYSICIAN'S		23D. ADDRESS	
NAME (Type) F. ABIS	0 4 54 M.D.	N. Clarles &	tarp.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CI		
REMOVAL (Specify)	AND OF CEMETERS OF CI	REMATORY 24D. LOCATION (Ci	y, town, or caunty) (State)
Burnel 11/30/66	Hey Haven	timely MenBeine	Invillund, A.
25A. DATE REC'D BY HEALTH DEPT. 258	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
1000	a co Fallens	me Callying 130	2. Lost line, #30
VS 150-REV. 1/1/45 11 7 9 900 (alex Circum) D V	



BALTIMORE CITY HEALTH DEPARTMENT

AFDICAL FYAMINER'S CERTIFICATE OF DEATH Registered No 6

	E CASE NO.	15821 ME	DICAL EXA	AMINER'S CI	ERTIFICAT	E OF DEATH Regis	stered No.	b 11942
1. (Ťy	Pe or Print)		HARD A.	OXENDINE	FELLE	November 27, 19	966	10:40 A.
FU	CER LL NAME OF OSPITAL OR STITUTION	OF NOT IN HOS	PITAL OR INSTITUT	ENDED	C. CITY OR TOV	ENCE (Where deceosed lived. If in B. C aryland VN (If outside corporate limits, was altimore		
1	00	303 S. Wash	ington Str	eet	D. STREET ADDE	RESS (If rurol, give locotion) O3 S. Washington	Street	
5.	Male	6. RACE White	WIDO WED, DIV	EVER MARRIED VORCED(specify) Married	B. DATE OF BIRTH	9. AGE (In yeo lost birthdoy)	rs If Unde	Doys Hours Min.
dor	LUSUAL OCC	working life, even if retire	vork 10B. KIND OF B	USINESS OR INDUSTRY		more, Md		TEN OF AT COUNTRY?
	Lec	on Oxendine D EVER IN U.S. ARM	ED FORCES?	S. SO CIAL		MaryFrances Otey	ADDRES	S
(Ye	No	(If yes, give wor or d	otes of service)	None	Leon Oxe	ndine 303 S Washi	ington	Street
CERTIFICATION	(This does he of foilure, injury or co	SE OR CONDITION LEADING TO DEA not mean the mode , osthenio, etc. It me- mplication which couse ANTECEDENT CAU OR CONDITIONS, IF LE ABOVE CAUSE (A) NG CONDITION LAS II NIFICANT CONDITION R CONDITION CAUSE	Of dying e.g., ons the disease, ed death.) SES ANY, GIVING STATING THE IT. NS CONTRIBUTING RELATED TO THE	(A) Titors DUE TO (B) DUE TO	bronchop	neumonia eumonitis(SDI	1)	ONSET AND DEATH
MEDICAL CER	21A, EXTERNA UNDERLYING UTING CAU 21D TIME OF INJURY (APPROX.) 22. cer	CAUSE WAS OR CONTRIB-ISE OF DEATH. (Month) (Doy) (You tify that I held on Ited from: Natural Lure Char	21R PL home, etc., whome, wo linquiry couses Acc	ACE OF INJURY (e.g., form, foctory, street, of the form, for	Yes in or obout 21C. W ffice bldg, INJURY 21F. HC WHILE ORK Opsy X and CHIEF MI ASSISTANT MI	OCCUR? OHERE DID (If in Boltimore City, OCCUR?) OW DID INJURY OCCUR?	give exoct !	ocotion)
	MOVAL (Specification)	MATION, 23B. DATE		NAME of CEMETERY o		O'Donnell	Street	county) (Stote)
24		BY HEALTH DEPT.	24B, NAME OF		Dippel	Bros Inc 1800 E		d Street

BALTIMORE CITY HEALTH DEPARTMENT

66 11943

URT	H NO.		MEDI	CAL EX	XAMINER'S	CERTIFICA	TE OF [DEATH Register	red No		
	CASE NO.										
1. N	AME OF DEC	CEASED					2. DATE AN	D HOUR PRONOUNCE			
				Scipi			NEW 0 F (1) (1)	11/26		2:55 a.	
3. P	LACE IN BAL	IMORE, MAR	TLAND, WH	ERE PRONO	UNCED DEAD	A. STATE	DENCE (Where	deceased lived. If insti B. COU	NTY	ence before agn	11 S S10 N
FUL HO INS	L NAME OF	(IF NOT I	N HOSPITA	L OR INSTIT	UTION, GIVE STREET	c. city or to	cyland WN (if outsid	e corporote limits, write	RURAL on	d give tawnship	7
-	100					D. STREET ADD	Baltimo		6	-0	-
0	1	1307 pi	CCC 177			D. SIREET ADD					
5. S	FY	1307 Ri			, NEVER MARRIED	B. DATE OF BIRT		Riggs Ave.	If Under	1 Yr. If Under 2	24 Hrs.
	male	colore	d	WIDO WED,	DIVORCED(specify)	# 4-18	-1915	lost birthdoyl		Days Haurs	Min.
t0A done	USUAL OCC	UPATION (Give working life, eve	n if retired)		F BUSINESS OR INDUS		(State or foreig	n country)	12. CITIZE	N OF COUNTRY?	
	L			lanufa	acturing Co	Savann		-	U	S,A	
13. F	ATHER'S NAM	ΛE				14. MOTHER'S N	AAIDEN NAM	E			
	Scipio	Housto	on. Sr.		11. 50 5141	Lucret	ia	?	ADDRESS		
		D EVER IN U			16. SO CIAL SECURITY NO.	17. INFORM ANT		,			
						Ida M. H	uston-	I307 Riggs	Ave	212-17	
	1B. < -C	1101			CAU	SE OF DEATH	1			INTERVAL BETY	
	DISEA	SE OR CONE	DITION DIR	ECTLY							
		LEADING T	O DEATH		(A) Fa	atty Altera	tion of	Liver		•••••	
	(This does heart foilure	not meon the , asthenio, etc. mplication whi	e mode of	the discose							
	injury or co	mplication whi	ch coused d	e of h.)	As	ssociated w	rith Lob	ar and Bron	ncho-		
	,	ANTECEDENT	CAUSES		(B) Pr	neumonia					
		OR CONDITI			DUE TO					a a wwa a C a C a C C C a v a C C A A C C C C	
		NG CONDITI		THE THE							
O					(C)						
CERTIFICATION	TO THE	II SNIFICANT CO DEATH BUT	NOT REL	ATED TO							
RTI		R CONDITION			WHICH OPERATION	20A. AUTOPS	Y? (Yes at Na)	20B. IF YES, WERE FIR	NDINGS CO	ONSIDERED	
2	2		WAS PERF			yes		IN CERTIFYING CAUS			
AL	21 A. EXTERN A	L CAUSE WA	AS	21 B	PLACE OF INJURY (e.		WHERE DID		ve exact le	cotion)	-
2		OR CONTRIE		hom etc.	ne, farm, factory, street	, affice bldg., INJUI	RY OCCUR?				
MEDICA				(11)	21E. INJURY OCCURRE	215 6	IOW DID INJ	LIBY OCCUP?			
	21 D TIME OF INJURY (APPROX.)	(Month) (E	Doy) (Yeor)	(Hour)		OT WHILE	1011 010 1113	OKI OCCOK.			
				m.	WORK AT	WORK L					
	22. I ces	rtify that I he	eld an In	quiry _		Partial Autopsy X ar	nd that an th	is basis, deoth in m	ny opinion		
	resu	Ited from: N	latural cou	ses X	Accident Suid	cide Homic	ide	Undetermined monne	er		
		1 -			7,		AEDICAL EX	KAMINER			
	ACTUA		Bull	1.5	-/-	ACCICTANT				DATE SIGN	IED
	SIGNAT	1/1/	Mul	n. 5	M	ASSOCIATE			1	1/26/66	
	NAME (Werner	U. Sp	itz, M.D.	ASSOCIATE	MEDICALE	AAMINER		1/20/00	
	BURIAL CRI	EMATION, 23	B. DATE		3C. NAME OF CEMETER	RY or CREMATORY	23 D. 1	OCATION (City,	town, ar c	caunty) (St	ote)
H	emoval (Speci	fyl	II-29	-66	Savannah	Ga.					
24/	A. DATE REC'D	BY HEALTH	DEPT.	24B, NAM	E OF REGISTRAR		RAL DIRECTO			DDRESS	
		MOVED	1966	00	c Zn	Isais	h L.Br	own and Somery St.	on	0	
1/5	151-REV. 1/1	KUV & 3	1300	The read	J.E. Janky M.	1100	. MOIIUE	Ourer a post	218-0		
4.3	1-1-KEY: 1/1										

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		BALTIMORE CITY	HEALTH DEPARTMENT		GE TIME
	1 NO. 66 11944	CERTIFICA	TE OF DEATH	Registered No	66 11944
	CASE NO. ME OF DECEASED STANLEY RAD	DOKT	2, DATE AN	D HOUR OF DEATH	
(Туре	or Print) STANLEY PA	DECKI		11-28-66	3:25 Am.
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wher	e deceased lived. If inst	titution: residence before admission)
H	JLL NAME OF (If not in haspital ar institut OSPITAL OR address ar location)	ian, give street	Balti MOVE C. CITY OR TOWN (If out	side city limits, write RU	JRAL and give tawnship)
IN	STITUTION		Baltionore		26-10
2	01 011 016	s. s.tal	D. STREET ADDRESS (If	rural, give location).	
-	Church Homo & to		215 S. Ba	sulding St. (24)
5. SE		HED, NEVER MARRIED WED, DIVORCED (specify)		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
	USUAL OCCUPATION (Give kind of work 10 B. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare)	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
done	Painter, retired Ship	Co.	MARYIAND		U. S. A.
13. F.	ATHER'S NAME	yard, Beth. Stee	14. MOTHER'S MAIDEN NAM	M.E.	Of De A.
	TACOR DADECUT		Agnes Sabins	n led	
	JACOB RADECKI Os Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL		by T	2238004
(Yes,	na arunknown) (If yes, give wor ar dates of servi	ce) SECURITY NO.	17. INFORMAN (Wife) A Mrs. Bertha Ra	decki 215 S.	Balto. Md. 21224 Bouldin St.
1	8. 44 4 1 X	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	D	,	1-0-0	ONSET AND DEATH
	LEADING TO DEATH	(A) D	rancloghermania,	, belat.	unkindelini
	(This does not mean the made of dying, heart foilure, asthenio, etc. II means the dise	9.,			
	injury or complication which caused death.)		at .		
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, gi				
	rise to the obove couse (A) stoling UNDERLYING CONDITION lost,	lhe (C)			
-	11				
	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING O +- A OF		2/ -107	
ATI	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE Trulial Ste	vosio (KHD) C)	ubacule believed	& Locarde
	9A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED
0 2	A ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	n ar about 21C. WHERE DID	(If in Baltimgge	City, give exact location)
	DR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, farm, factory, street, at	ffice bldg., INJURY OCCUR?	0	
200	21 D. TIME (Manth) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	IIBY OCCIIBS	
A C	OF INJURY	While At Not While		OKT OCCOK:	
	(APPROX)	Wark At Work			
	22. I certify that (I) (this hospital) attend			19 66 to 11-	28 - 1966,
t	hot (I) (we) lost saw the deceased olive	on 11-28	19 66 ond the	ot in (my) (our) opin	ian death accurred on the dote
	and hour and from the couses stated above	e. (J) (We) (did) (did not) v	riew the body ofter deoth.		
-	3A. SIGNATURE	balan			23 B. DATE SIGNED
	Sadelia m La	M.D. Atte	ending Med.	Stoff	11-28-66
2	PAC. PHYSICIAN'S	,	23 D. ADDRESS	Phys.	
-	NAME (Type)		00	1/	4080
24.4	Rodelco M. L	M.D.	church.	Home 4	arosp.
24A.	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CRI	MATORY 24D. LO	OCATION (City	, lawn, ar county) (State)
B	durial 12/1/66 S	t. Stanislaus Ce	emetery	Bal-	timore, Maryland
25A.	DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	100 0 100c A 0	8- 9 FarbinAN	John J. Duda	Inc. 2829 Hu	dson St. Balto. Md.
VS 1	50-REV. 1/1/65				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

-46-W 93 CC.M. 13 164 -Ledde to him Chance home & Hosp. Levelia 12 from

	NAME OF DE	CEASED				2. DATE AND HOL	IR PRONOUNCE	D DEAD
			Earl Year				11/27	
3.	PLACE IN BAL	IIMORE, MARTLAND,	WHERE PRONOUNCED	DEAD	A. STATE		B. COUI	tution: residence belore odr NTY Baltimore
H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSI ADDRESS OR LO	PITAL OR INSTITUTION, CATION)	GIVE STREET	C. CITY OR TOW			RURAL ond give township
1	3/					ltimore - SS (H rurol, give h		
	City	Hospitals			4	2 Seaford	Ave.	
5.	male	6. RACE white	7. MARRIED, NEVER WIDOWED, DIVORC Married	MARRIED ED (specify)	4/24/30	9. Ios	AGE (In years t birthdoy) 36	Months Doys Hours
		UPATION (Give kind of v working life, even if refire	vork 108. KIND OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE (S	tote or foreign coun	try)	12. CITIZEN OF WHAT COUNTRY?
	Sheet	Metal	Ray Machin	ne Inc.	Penns	ylvania		U. S. A.
113		ank Yeager				beth Hall		
	WAS DECEASE	ED EVER IN U.S. ARM			17 INFORMANT (WITE)	De OH Hall		ADDRESS
(Y.	es, no orunknown No	(If yes, give wor or d		2-2281	Grace Yea	can l.2 Ca	neamd Are	e. Essex, Md
	18.	1 4	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		OF DEATH	ger 42 De	STUEM AV	INTERVAL BET
	heart failure injury or co	LEADING TO DEA not meen the mode to osthenio, etc. It me- mplication which couse ANTECEDENT CAU	of dying, e.g., ans the disease, ed deoth.)	(A) PIGI	tiple inju			
	DISEASES RISE TO TH UNDERLYI	OR CONDITIONS, II TE ABOVE CAUSE (A) NG CONDITION LAS	ANY, GIVING STATING THE	(B). DUE TO				
NOI	DISEASES RISE TO TH UNDERLYI	OR CONDITIONS, II HE ABOVE CAUSE (A) NG CONDITION LAS	ANY, GIVING STATING THE	(B)				
TIELOATION	DISEASES RISE TO TH UNDERLYII OTHER SIG	OR CONDITIONS, II	F ANY, GIVING STATING THE STATING THE STATING THE STATING THE STATING RELATED TO THE	(B) DUE TO				
1	DISEASES RISE TO TH UNDERLYII OTHER SIG TO THE DISEASE OF	OR CONDITIONS, II BE ABOVE CAUSE (A) MG CONDITION LAS II CONDITION LAS TO EATH BUT NOT IN CONDITION CAUSI F OPERATION [198. C	F ANY, GIVING STATING THE STATING THE STATING THE STATING THE STATING RELATED TO THE	(C)		IN CE	F YES, WERE FIN	IDINGS CONSIDERED
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CDTICIOA	DISEASES RISE TO THE UNDERLYII OTHER SIG TO THE DISEASE OF 19A. DATE OF UNDERLYING UNDERLYING UTING CALL 21D TIME	OR CONDITIONS, II BE ABOVE CAUSE (A) NG CONDITION LAS II ENIFICANT CONDITION DEATH BUT NOT DEATH BUT NOT OR CONDITION CAUSE F OPERATION 19B. C WAS F VAL CAUSE WAS STOR CONTRIB- USE OF DEATH.	NS CONTRIBUTING RELATED TO THE ING IT. ONDITION FOR WHICH PERFORMED 21 B. PLACE home, lorm,	OPERATION OF INJURY (e.g.,	pa in or obout 21C. WI office bldg., INJURY Back	rtial IN CE	et Rd. an	ES OF DEATH?
EDICAL CEDITICION	DISEASES RISE TO THE UNDERLYII OTHER SIG TO THE DISEASE OF 19A. DATE OF UNDERLYING UNDERLYING	OR CONDITIONS, II BE ABOVE CAUSE (A) NG CONDITION LAS II ENIFICANT CONDITION DEATH BUT NOT DEATH BUT NOT OR CONDITION CAUSE F OPERATION 19B. C WAS F VAL CAUSE WAS STOR CONTRIB- USE OF DEATH.	ANY, GIVING STATING THE IT. NS CONTRIBUTING RELATED TO THE ING IT. ONDITION FOR WHICH PERFORMED 21B. PLACE home, form, etc., 100 mm, etc.,	OPERATION OF INJURY (e.g., loctory, street, control of the contro	pa in or obout 21C. Wi office bidg. INJURY Back	rtial IN CE HERE DID (II in B OCCUR? C River Nec W DID INJURY OC	ek Rd. an	es of DEATH? The exact location? The exact location? The exact location?
EDICAL CEDITIES	OTHER SIGNOTHE DISEASE OF INJURY (APPROX.)	OR CONDITIONS, II IE ABOVE CAUSE (A) NG CONDITION LAS II SUIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSI F OPERATION 19B. C WAS F CAUSE WAS SOR CONTRIB- JSE OF DEATH.	ANY, GIVING STATING THE STATING THE STATING THE STATING THE STATING THE NG IT. ONDITION FOR WHICH PERFORMED 218. PLACE home, lorm, etc.	OPERATION OF INJURY (e.g., loctory, street, control of the contro	pain or obout 21C. WHILE	rtial IN CE HERE DID (II in B OCCUR? C River Nec W DID INJURY OC	ek Rd. and cour?	es Of DEATH? The exact lecotion?
A CISTEST A CICE	OTHER SIGNOTHER	OR CONDITIONS, II IE ABOVE CAUSE (A) ING CONDITION LAS II INIFICANT CONDITION DEATH BUT NOT IR CONDITION CAUSI F OPERATION 198. C WAS F WAS F WAS F (Month) (Doy) (1) 11 27 66	ANY, GIVING STATING THE IT. NS CONTRIBUTING RELATED TO THE NG IT. ONDITION FOR WHICH PERFORMED 218. PLACE home, lorm, etc. (eon) (Hour) 21E. INJ WHILE A WORK Inquiry Insp	OPERATION OF INJURY (e.g., loctory, street, control of the contro	pa in or obout 21C, Wi office bidg., NJURY Back 21F. Ho ORK pass rtial copsy and	rtial IN CE HERE DID (II in B OCCUR? River Nec W DID INJURY OC enger in a	ek Rd. and cour?	es of DEATH? The exact lecotion?
EDICAL CEDITIES	OTHER SIGNOTHE DISEASE OF INJURY (APPROX.) DISEASE OF INJURY (APPROX.) DISEASE OF INJURY (APPROX.)	OR CONDITIONS, II IE ABOVE CAUSE (A) NG CONDITION LAS II INIFICANT CONDITION OR CONDITION CAUSI FOPERATION 19B. C WAS F OR CONTRIB- JSE OF DEATH. (Month) (Doy) (No. 1) 11 27 60 tify that I held an led fram: Natural	ANY, GIVING STATING THE IT. NS CONTRIBUTING RELATED TO THE NG IT. ONDITION FOR WHICH PERFORMED 218. PLACE home, lorm, etc. (eor) (Hour) 218. INJ 6 12:16 WHILE A HOURT INSPINOR INSPINOR	OPERATION OF INJURY (e.g., loctory, street, control of the contro	pa in or obout 21C, Whoffice bldg., INJURY Back 21F, HO WHILE pass rtial opsy x and Hamicid	rtial IN CE HERE DID (II in B OCCUR? River Nec W DID INJURY OC enger in a	ek Rd. and cour? auto-auto is, death in mermined manne	re exact location) and E. Hamburg collision ry apinian
EDICAL CEDITIES	OTHER SIGNOTHER	OR CONDITIONS, II IE ABOVE CAUSE (A) NG CONDITION LAS II INIFICANT CONDITION DEATH BUT NOT IR CONDITION CAUSI F OPERATION 198. C WAS F AL CAUSE WAS BOR CONTRIB- USE OF DEATH. (Month) (Doy) (Nonth) (Doy) (Nonth) (Doy) (Nonth) 11 27 60 tify that I held an Ited fram: Natural	ANY, GIVING STATING THE IT. NS CONTRIBUTING RELATED TO THE NG IT. ONDITION FOR WHICH PERFORMED 218. PLACE home, lorm, etc. (eon) (Hour) 21E. INJ WHILE A WORK Inquiry Insp	OPERATION OF INJURY (e.g., loctory, street, control of the contro	pain or obout 21C, Wisffice bidg, INJURY Back 21F, HO WHILE pass ITTIAL TOPSY And CHTEF ME	rtial IN CE HERE DID (II in B OCCUR? River Nec W DID INJURY OC enger in a that an this bas e Undete	extriving causolimore City, give Rd. and cour? auto-auto is, death in mermined manne	es OF DEATH? The exact locotion? The exact locoti
A CIBITOSO IA CIOS	OTHER SIGNOTION TO THE DISEASE OF TO THE DISEASE OF	OR CONDITIONS, II HE ABOVE CAUSE (A) NG CONDITION LASS II HISTORY ON CONDITION CAUSE FOR CONDITION CAUSE FOR CONDITION CAUSE FOR CONTRIB- USE OF DEATH. (Month) (Doy) (Nonth) 11 27 60 tify that I held an lited fram: Natural URE URE	ANY, GIVING STATING THE IT. INS CONTRIBUTING RELATED TO THE ING IT. PERFORMED 218. PLACE home, lorm, etc. 218. PLACE home, lorm, etc. 12:16. WHILE A Inquiry Inspectouses Accider	OPERATION OF INJURY (e.g., loctory, street, street URY OCCURRED AT W AT W Suicid M. D	pain or obout 21C, Wisffice bidg. INJURY Back 21F, HO WHILE pass Trtial opsy X and Hamicid CHIEF ME ASSISTANT ME	rtial IN CE HERE DID (II in B OCCUR? River Nec W DID INJURY OC enger in a that an this bas e Undete	ck Rd. and CCUR? Auto-auto is, death in mermined manne ER ER	re exact location) and E. Hamburg collision ry apinian
ACDITED IN COLUMN	OTHER SIGN TO THE DISEASE OF INJURY (APPROX.) 22. I cer result ACTUA SIGNAT	OR CONDITIONS, II IE ABOVE CAUSE (A) NG CONDITION LAS II INIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSE F OPERATION 198. C WAS f L CAUSE WAS SOR CONTRIB- JSE OF DEATH. (Month) (Doy) (N 11 27 60 tify that I held an Ited fram: Natural URE NER'S Type) Werner MATION, 238, DATE	ANY, GIVING STATING THE STATING THE STATING THE STATING THE STATING THE STATING RELATED TO THE NG IT. PERFORMED 21B. PLACE home, form, etc., or lorm, e	OPERATION OF INJURY (e.g., loctory, street, street URY OCCURRED AT W AT W Suicid M. D	pain or obout 21C, Wisffice bidg. INJURY Back 21F, HO	rtial IN CE HERE DID (II in B OCCUR? River Nec W DID INJURY OC enger in a that on this bas e Undete DICAL EXAMIN DICAL EXAMIN	ex RTHYING CAUS collimore City, give ck Rd. and ccur? auto-auto is, death in m crimined manne ER ER IER IER	es OF DEATH? The exact locotion? The exact locoti

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and

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/69

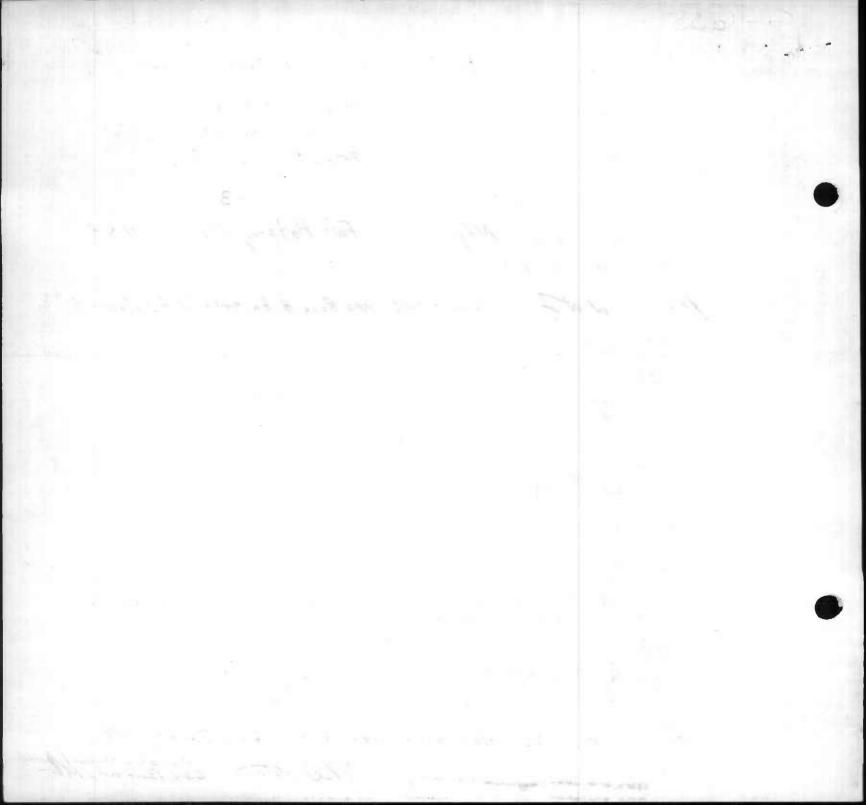
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HOLKIST IA CO.	E 24 2		1 + 1 - 2	1. 2

BALTIMORE CITY HEALTH DEPARTMENT

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00		b.,	U	1	S	

M.E. CASE NO.	CERTIFICA	TE OF DEATH		
1. NAME OF DECEASED	7.	2. DATE &	AND HOUR OF DEATH	Λ
(Type or Print) CARDNE	R WILLIA	m. 11/	27/11 2-2.	f al
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			nere deceased lived. If institu	Non: residence before admission)
FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location)	ution, give street	C. CITY OR TOWN (III	me Arunde la limits, write RUR	AL and give township)
2		Glan 1	Burnie	2,26/
Univers of Spepit	l Ballimare.	D. STREET ADDRESS	If rural, give location)	52-00
	RRIED, NEVER MARRIED	6. 27. 23.	/. S U.	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country 1:	2. CITIZEN OF
done during most of working life, even if retired)	MC	Fair Hada	Marc	WHAT COUNTRY?
13. FATHERS NAME	1779-	14. MOTHER'S MAIDEN N	AME	4-5.11
CHRISTIAN GARJ	DAER	MAY.	STODDALD.	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	Eatdnet (wife)	Same As# 4
PA 1. 7.	CAUSE O		aryter (whe)	INTERVAL BETWEEN
18. S S S S S S S S S S S S S S S S S S S	CAUSE O	r DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CA	(DIO RECP)	AATORY PAIN	GRE in mediale
(This does not mean the made at dying, heart failure, asthenia, etc. It means the dis injury at camplication which caused death.)	ease,			772 00 000000
ANTECEDENT CAUSES	(8)	HRONIC UR	AGMIA	
DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION tast.	the (C) CA	Romic Glom.	ELULD NEPHBI	75.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or)	20B. IF YES, WERE FINE IN CERTIFYING CAUSE	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21C. WHERE DID INJURY OCCUR?	(If in Boltimore Ci	ty, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hour)	21 E, INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
S OF INJURY	While At Work At Work			
22 1 25 1 20 12 12 12 12 12 12 12 12		11. 19.66	20 //	0 > 4
22. I certify that (1) (this hospital) attenthat (1) (we) last saw the deceased alive	0 -			n death accurred an the date
and have and from the causes stated abo	ve. (1) (We) (did) (did not)-	lew the bady after death	J.	
23A. SIGNATURE			23	B. DATE SIGNED
4- J. Qur	ESHI M.D. Atte	ending Med. S. Director	Staff Phys.	
23C. PHYSICIAM'S NAME (Type) A S. OM	Risk, M.D.	23D. ADDRESS	unsi's //e	asprital"
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME of CEMETERY of CR	EMATORY 24D.	LOCATION (City, 1	lown, or coupty) (State)
Burial NoV.30/66	Glen Haven	MEm. Part	Glen Burnie,	Nd.
	AME OF REGISTRAR	25C. EUNERAL DIRECTO	¥ 5: 4	for function Home
NOV 2 9 1965 A. F	L. F. E. Stapley Min	1-1- Singlet	6/67/3	nonie, MI.



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10	- CC 1104F	BALTIMORE CITY	HEALTH DEPARTMENT		CC 34049
2	лятн v6. 66 11947	CERTIFICA	TE OF DEATH	Registered No.	00 11947
	M.E. CASE NO. 1. NAME OF DECEASED (Type for Print)	1	2. DATE AND	HOUR OF DEATH	. 10
	LORPITA. YAR	INA.	Mocree	uler 28.19	66 61 AMM.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. USUAL RESIDENCE (Where A, STATE B. COUNT	Y deceased lived. If insti	itution: residence before odmission)
	FULL NAME OF (If not in hospital or institution oddress or location)	on, give street	Tua A	A.C.O	
	INSTITUTION		E. CITT OR TOWN III, OURS	ide city limits, write RU	RAL and give township)
	46		D. STREET ADDRESS (If re	ural, give location)	gues
i	Lutherau Hospila	1 7 711d.	586 toke	et Vien	0 Rd - 21090
3		ED, NEVER MARRIED	B. DATE OF BIRTH	ost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
0	Pleade While by	(dou)	4-30-89	77.	The conference of
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND done dyring most of working life, even if retired)	OF BUSINESS OK INDUSTRI	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
in the second se	Tacket Let Sld-6	rlass (orb	14. MOTHER'S MAIDEN NAM	Ma, .	4.3.4.
2	B	4- /	1	1.611	
	15, Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	wall	ADDRESS
3	(Yes, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.	11	11/1/11	Safta
	18. 9 3 1 1 1 1 1 1 1	22 0379/6A	Mrs. Norma Ho.	FSEY (danghie	INTERVAL BETWEEN
5	DISEASE OR CONDITION DIRECTLY	1	1		ONSET AND DEATH
	LEADING TO DEATH		nchopreum.	ma	48 wing.
	(This does not meen the mode of dying, e heart failure, asthenia, etc. It means the disea			0 1.	
	injury or complication which coused death.) ANTECEDENT CAUSES	(B) Gerelo	20-Yasular H	umbass	
0		DUE TO	erroseberosis		
3	rise to the obove couse (A) stoling UNDERLYING CONDITION tost.	the (C)	ey 0 80000 grj		
	II	Otal to me	actual and la		
	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING Right me	breast, man	a Carcinim	
	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or Nol	A /	
	19A. DATE OF OPERATION 19B. CONDITION FO	WHICH OFENATION	No	IN CERTIFYING CAUS	SES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21 C. WHERE DID	(If in Boltimore (City, give exact location)
		etc.)	ice biog., into all occor.		
2	M OF IN IIIOA	21E, INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
	(APPROX)	While At Work At Work		00 11	201
	22. I certify that (1) (this bospital) ottende	d the deceased fram //	. < 1	966 10 11	28 1969.
0	that (I) (we) last sow the deceased alive of	on // 2/	19 (Q ond the	t in(my) (our) opini	an deoth occurred on the dote
2	and haur and fram the couses stated obove). (I) (We) (did) (did no t) vi	ew the bady ofter deoth.		
	23A. SIGNATURE Pade illeria.	M.D. Atter	nding Med.		11.28.1966
5	lilles Radleylum	Phys	3D. ADDRESS	Stoff Phys.	11.70.100
	NAME (Type) MILOS RADO)		LUTHERAN HO.	SPITAL.	
approad	24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CRE			, town, or county) (State)
	REMOVAL (Specify)	London Par		13/1/n.	Md
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAM		2SC FUNERAD DIRECTOR		1 FADDRESS/Home
	NOV 29 1986 (10)	- E. Falloman	1 1 2 xingliton	O Glani	Barnie, 11/1 2/06)
	VS 150-REV. 1/1/6S		11/20		

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a hospital and

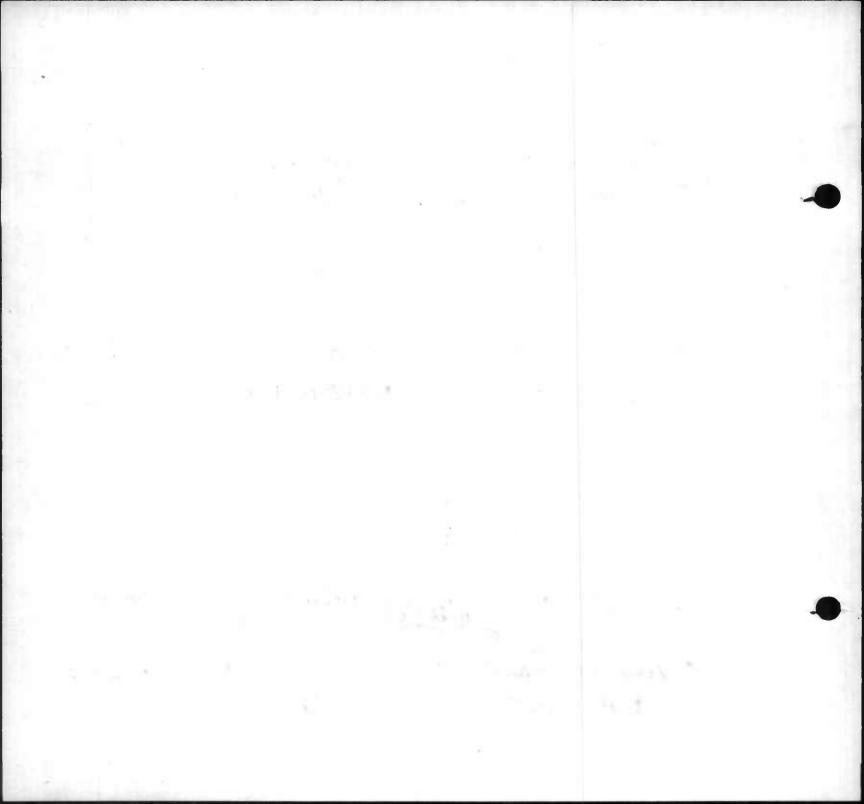
,		66 11948	BALTIMORE CITY	HEALTH DEPARTMENT		66 11948
-		TH NO.	CERTIFICA	TE OF DEATH	Registered No	00 11010
	1. N (Typ	E CASE NO. IAME OF DECEASED Pe or Print) PLACE OF DEATH IN BALTIMORE MARYLAND	BERT	4. USUAL RESIDENCE (Where	HOUR OF DEATH	1 2 6/66 M
		FULL NAME OF (If not in hospital or institute oddress or location) NSTITUTION		MARYLAND, C. CITY OR TOWN (If outsi	BALTI ide city limits, write RU	MORE
ó		BALTIMORE			rol, give locotion) ISTERS	Town
DDE SI		6. RACE N 7. MARE	RIED, NEVER MARRIED DWED, DIVORCED (specify) Cried-Sep.	B. DATE OF BIRTH 9. 10. 2.6.11 11. BIRTHPLACE (Stote or foreign	AGE (In years of birthdow)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY?
Isposition				Virginia		U.S.A.
000	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
S		Ernust add	y	Louise		
B .	15. {Ye:	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give wor or dotes of servi		17. INFORMANT	2000	ADDRESS
	_	no 18. 2	217-05-4007		rts 3000	Meisterstown R
lins are embalmed or		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, heart foilure, asthenia, etc. It means the dise injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi rise to the abave cause (A) stating UNDERLYING CONDITION last.	e.g., DUE TO ase, (B) DUE TO	CUA		ONSET AND DEATH LOS (10DA)
before the remains	CAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	20 A. AUTOPSY? (Yes or No) or obout 21 C. WHERE DID ince bldg., INJURY OCCUR?	IN CERTIFYING CAUS	NDINGS CONSIDERED LES OF DEATH? City, give exact location?
ptained	MEDIC	21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work No Work	4		125/66
itten approval must be ob		Burial 11-29-66	on 11 25/66 e.(1)(We) (di () (did nat) v M.D. Atte Phys	iew the body ofter deoth. Inding Med. S. Director S. P. 23D. ADDRESS MATORY 24D. LO	tooff PIT	on death occurred on the date 38. DATE SIGNED 11 26/66 A L town, or county) (State)

1348

Calhoun

25B. NAME OF REGISTRAR 9

VS 150-REV. 1/1/65



Such kind; (4) Undetermined cause; (5) Deceased on the death. attendance canse 10 prior or contributing regular deceased or his assistant if death Was the IMPORTANT death U O attendance burns; (3) A fracture of any who pronounced deceased prior to death); and (6) No physician was in regular atterwritten approval must be obtained before the remains are embalmed This certificate must be approved by the chief medical examiner

or final disposition is made.

physician

(except where

was D.O.A.

shows: (1) An accident of any nature; (2) Body the body was released to the hospital by

BIRTH NO.	66 11949		CATE OF DEATH Registered No.	66 11949		
M.E. CASE 1. NAME O (Type or Pri	F DECEASED	E. BARNES	2. DATE AND HOUR OF DEATH NOVEMBER 26, 19			
	OF DEATH IN BALTIMORE, MA	ARYLAND or institution, give street	4. USUAL RESIDENCE (Where deceased lived, If it A. STATE B. COUNTY MARYLAND	nstitutian; residence befare ádmission		
HOSPITA	AL OR address or location		C. CITY OR TOWN (If autside city limits, write BALTIMURE	RURAL and give township)		
3-	11,2 0011110 1101		D. STREET ADDRESS (If rural, give location)	VE		
S. SEX MALE		7. MARRIED, NEVER MARRIED WIDOWED, DIMORCED (specify	- 1 11	tf Under 1 Yr. If Under 24 Hrs Manths Days Hours Min.		
	OCCUPATION (Give kind of wor mast of working life, even il retired)		JSTRY 11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER	MILTON BARNES	6	LAURA BROWN			
	nknawn) (If yes, give war ar dat		17. INFORMANT Bessie Harris 1217	Address Lafayette Ave.		
1B. /	5 I		SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH		
(This	LEADING TO DEATH does not meen the mode of foilure, osthenio, etc. It meens	1 dying, e.g., DUE 10	Ceneralized Sepsis	H DAYS		
	or complication which coused ANTECEDENT CAUSE	COLON BYPAS CARCINOMA D ESOPHAGUS	55 14 DAYS			
rise	SES OR CONDITIONS, if to the obove couse (A) RLYING CONDITION lost.	4mo.				
OTHER TO T DISEA	II R SIGNIFICANT CONDITIONS (THE DEATH BUT NOT REL SE OR CONDITION CAUSING	ATED TO THE				
TO T	11/16 WAS PEI	NOTION FOR WHICH OPERATION REFORMED SOPHINGU	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
OR CO	CCIDENT WAS UNDERLYING DITRIBUTING CAUSE OF (natify medical exominer)	21 PLACE OF INJURY (hame, farm, factory, stre etc.)	e.g., in ar about 21 C. WHERE DID (II in Baltima) ret, affice bldg., INJURY OCCUR?	re City, give exact lacation)		
OF INJ	21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED White At Wark At Wark .					
that 4	(we) last saw the deceas	al) ottended the deceased fram. sed alive an	6 1966 and that in 🍎 (our) op	inian death accurred an the da		
	utur C. Bu	1		23B. DATE SIGNED		
23 C. PH	ARTHUR	C. BURDETT	M.D. THE JOHNS HOPKINS HO	SPITAL		
24A. BURIA	AL CREMATION, 248. DATE	24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION	city, tawn, ar county) (State)		

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 11-30-66

24C. NAME of CEMETERY or CREMATORY 24D. LOCATION

(City, town, or county)

258, NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT

Balto.,

ADDRESS

VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR

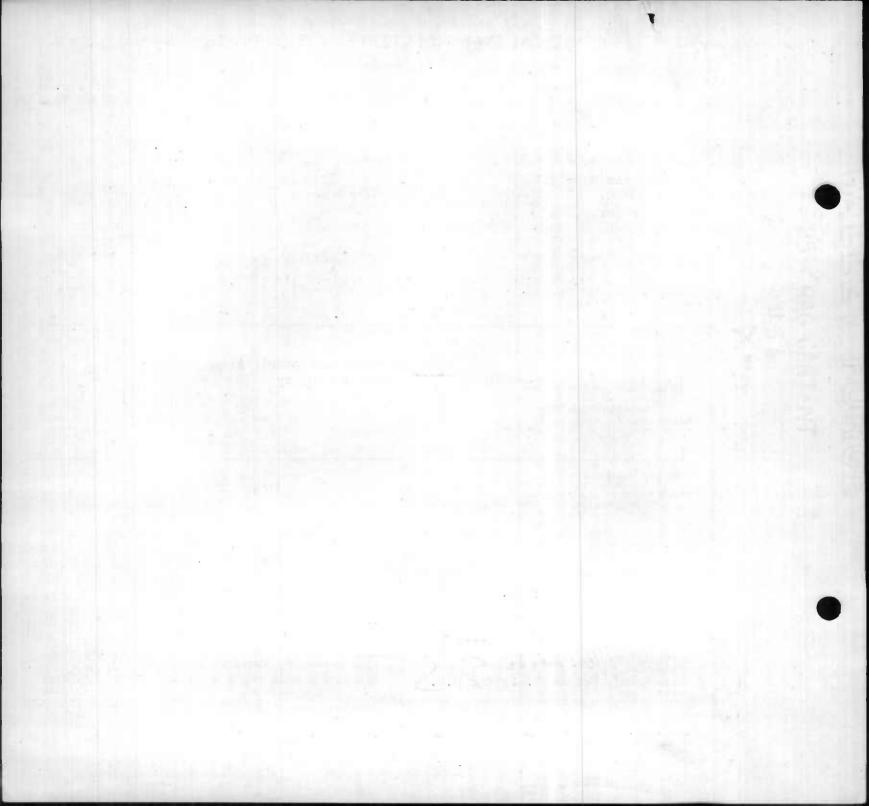
orge Kerson 1348 Calhoun St.

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BALTIMORE CITY HEALTH DEPARTMENT

66 11950

BIR	TH NO.	MEDI	CAL EX	CAMINER'S C	ERTIFICAT	TE OF D	EATH Registe	red No	11.000
_	E CASE NO.								
1. (Ť,	Pe or Print)	Rober	t Vau	ghn		2. DATE AND	HOUR PRONOUNCE		8:15 p
3.	PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE		eceosed lived. If inst B. COU	itution: reside	nce belore admission)
FU HC	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOV	ryland VN (If outside imore	corporate limits, write	RURAL ond	give to waship)
1	16	h-w H-onito	.1		D. STREET ADDI				
5.	EX Luc	heran Hospita	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTI		9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.
	male	colored	marr		12-9-	/	last birthdoy) 67	Months, D	oys Hours Min.
		UPATION (Give kind of work working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTR	Va.	State or foreign	country)	U.S.	COUNTRY?
13.	FATHER'S NAM	A E			14. MOTHER'S M	AIDEN NAME		10.0	• 41 •
		Wm. Va	ughn		Virg	inia l	Pinn		
		D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
				215094780	Rev. A	lfred '	Vaughn 24	23 Arur	nah "venue
	1B. 9	00,0		CAUSE	OF DEATH				NTERVAL BETWEEN
CETTEICATION	DISEASES RISE TO TH UNDERLYII OTHER SIG TO THE DISEASE O	ANTECEDENT CAUSES OR CONDITIONS, IF A LE ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING F OPERATION [198. CON WAS PER	CONTRIBUTION TO T	(B)	erebral in	? (Yes or No) [2	OB. IF YES, WERE FII		
AL C		L CAUSE WAS		PLACE OF INJURY (e.g.,		es			
MEDIC	UNDERLYING	OR CONTRIB-	home etc.)	, form, factory, street,	office bldg., INJURY	OCCUR?		20	11
ME	21D TIME	(Month) (Day) (Year) (Hour) 2	nom.	21 F. HO)19 Wick	TOW KU.	1	07
	(APPROX.)	10 30 66 5	5:00p	VHILE AT NOT	wHILE X fel	1 down	steps		
	22.	tify that I held an I	nquiry 🗌	Inspection Au	tapsy 💢 and	d that an this	basis, death in n	ny opinian	
	resu	Ited from: Natural ca	ses A	ccident x Suicid	le Hamici	de U	ndetermined manne	er _	
	ACTUA		Sh.	3/5-		EDICAL EXA			DATE SIGNED
	SIGNAT EXAMIN NAME (NER'S Werner	U. Spit	ZZ M.D.	ASSOCIATE M				11/27/66
	A. BURIAL CRE	MATION, 23B. DATE	23	C. NAME OF CEMETERY	or CREMATORY	23D. LO	CATION (City,	town, or co	unty) (Stote)
	Buria A. DATE REC'D	1 12-1-	66 248. NAME	rbutus Ler	Paple 24C. FUNER	AL DIRECTOR	timore,	CTY-AD	DRESS
	N	OV 29 1966,	1.8.6	E. Former	Georg	ge Kels	son 1348 I	W. Cal	houn St.
V:	151-REV. 1/1/	165 N869.	2) !)	0 6			L



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(Type or Print) BASKERVILLE, JAMES C. NOV. 27, 1966 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ST. AGNES HOSPITAL FULL NAME OF MARYLAND HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION WILKENS & CATON AVES. D. STREET ADDRESS BALTO., MD. 21229 SO. MONASTERY AVENUE 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE fin years If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours MALE NEGRO MARRIED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OF INDUSTRY done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? CONSTRUCTION WORK BALTO. GAS VIRGINIA YES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM DEC D NESSER (HAMILTON) DEC 1D 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL WILKENS & CATON AVE. (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 212055197 ST.AGNES RECORDS-BALTO., MD. 21229 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stating the UNDERLYING CONDITION Inst. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact lacation) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner 21 D. TIME (Month) (Day) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) 22. I certify that XI) (this hospital) attended the deceased from NOVEMBER 27, 19 66 to NOVEMBER 27, 19 66, that M) (we) last saw the deceased alive on NOVEMBER 27 19 66 and that in XXX (aur) opinion death accurred on the date

and happy and from the causes stoted above. (A) (We) (did) (and hor) view the bady after death.

23A. SIGNATURE

Attending Phys. M.D. Med. 23C. PHYSICIAN'S

Director 23D. ADDRESS

RAFAEL. MARIN.

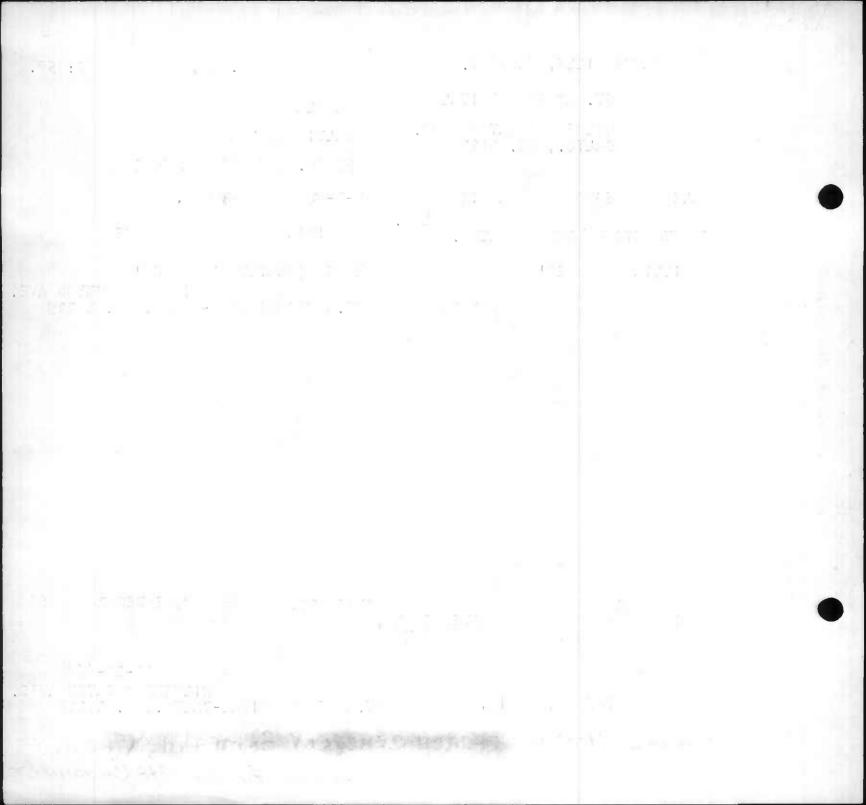
M.D.ST. AGNES HOSPITAL-BALTO., MD. 21229

24A. BURIAL CREMATION, 248. REMOVAL (Specily) 25A. DATE REC'D BY HEALTH DEPT.

23B. DATE SIGNED

VS 150-REV. 1/1/65

NAME (Type)



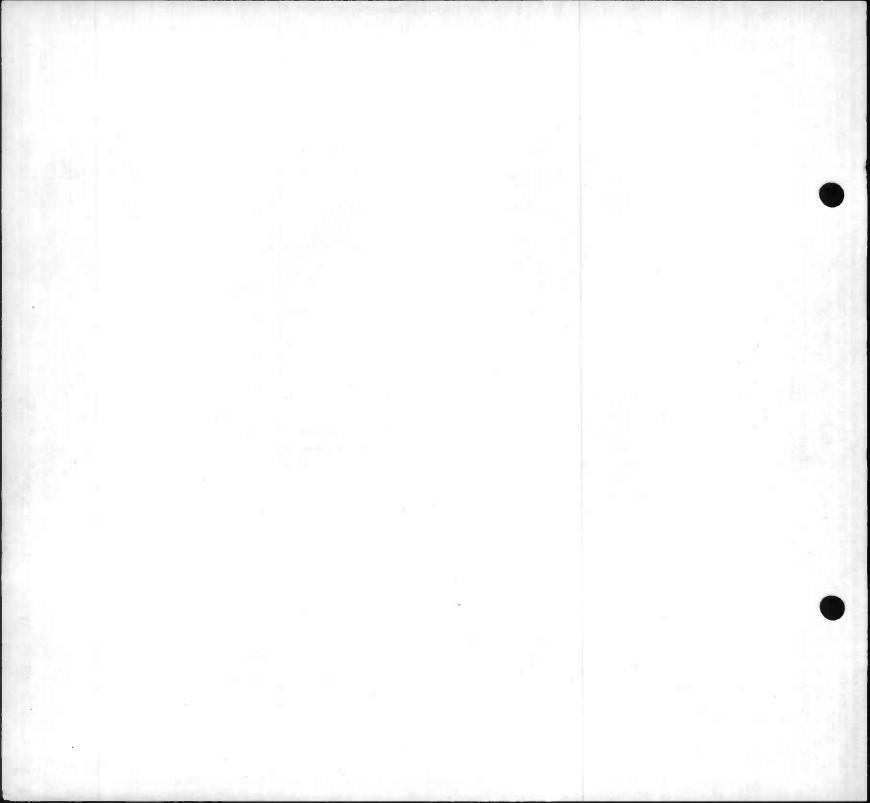
VS 150-REV. 1/1/65

MRTH NO. 66 11952		HEALTH DEPARTMENT Registered No.	66 11952
M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered N	
NAME OF DECEASED		2. DATE AND HOUR OF DEAT	гн
Type or Print) Doris Dur	ham (Holland)	11-28-66	2:20 A
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If	
		A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or instit	ution, give street	Maryland	
HOSPITAL OR oddress or location)			te RURAL and give township)
	- 44-3	Politimana	15-11
Provident Hos	pital	Baltimore D. STREET ADDRESS (If rurol, give location)	40
*		3820 Copley Road	
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Days Hours Min
	arried	2-4-37 29 yrs.	17101173
A. USUAL OCCUPATION (Give kind of work 10B, KI			12. CITIZEN OF
	2-36-7742	The British EAGE (Sible of Toreign Country)	WHAT COUNTRY?
Clerk Soci	al Security Admi	n.Baltimore, Maryland	U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0,0,0
	3		
Malter Holler	nd	Margaret Johnson	
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
es,na arunknown) (If yes, give war or dates of se		Mr. Leroy Durham (Husban	nd) SAME
	212-36-7742		
18. ()) V	CAUSE C)F DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	Aout	e Hepatic Failure	7 days
(This does not mean the mode of dying,	e.g., DUE TO	a uabaers tarrara	/ days
heart failure, asthenia, etc. It means the dis			
injury or complication which caused death.	Info	ctious Hepatitis	4 weeks
ANTECEDENT CAUSES		Calone Hebaarate	4 weeks
DISEASES OF CONDITIONS IS	DUE TO		
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stating			
UNDERLYING CONDITION lost.	101		
8.1			
OTHER SIGNIFICANT CONDITIONS CONTRIL	HITING		
TO THE DEATH BUT NOT RELATED T	O THE	oumania Mawainal	1 3
DISEASE OR CONDITION CAUSING IT.		eumonia, Terminal	4 days
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
		Yes	
D 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltim	note City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ittice blag., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi	le	
TATE OF THE PARTY	Work At Work		
22. I certify that (I) (this haspital) atter	ded the deceased from No	vember 16, 19 66 10 No	vember 28 - 1966
rnat (I) (we) last saw the deceased ally	e on NO ASMINST. ZO	1966and that in(my) (aur) o	apinian death accurred on the
and hour and from the causes stoted abo	ove. (I) (We) (did) (did nat)	view the body after death.	
23A. SIGNATURE			23B, DATE SIGNED
Roland 5 Amos	M.D. AH	ending X Med. Stoff	11-28-66
array a press	Phy	rs. Director Phys.	TT-50-00
23 C. PHYSICIAN'S		23D. ADDRESS	
NAME (Type)	AA D	3817 Copley Road Balto,	, Maryland 21215
Roland T. Smoot,			- y
A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State
REMOVAL (Specify)	Alaskana Tilan	Di- Rolling	Lauriand
Burial 12-1-66	Arbutus Nem.		
SA. DATE REC'DIN HEALTH DEPT 258 N	AME OF REGISTRAN	25C. FUNERAL DIRECTOR	ADDRESS
TO THE PARTY OF TH	ACTUEDITY	3 1 Colordo (A Kalson	1318 W. C-

9 •

V\$ 150-REV. 1/1/65

	BALTIMORE CITY HEALTH DEPARTMENT	CC 1105	1
вятн но. 66 11953	CERTIFICATE OF DEATH	Registered Na. 66 1195	:)
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) DAN ALVIN CRAM	noton 2. DATE A	N 27, 1966 11	PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COL	nere deceased/lived, If institution; residence before INTY	odmission)
FULL NAME OF (If not in hospital or institution, graddress or lacotion)	C. CITY OF TOWN	outside city limits, write RURAL and give township)
Balta Wid.		HORE If wool, give location) ARIEM AVE	
MIDOWED.	NEVER MARRIED DIVORCED (specify) 12/6/76		der 24 Hrs. Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF done during most of working life, even if retired)			1
13. FATHERS NAME OLON A. CRAMATON	14. MOTHERS MAIDEN N	AME Wells	1,1
15. Was Deceased Ever in U. S. Armed Faites? (Yes, no arunknawn) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 212013615 26 C6	Llsie DenAPPRESS 2828 Winchester	St.
18. 420,11	CAUSE OF DEATH	INTERVAL BET	WEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Cardiaio An	est 30mi	*
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES	(B) Howle Myscare	hal Defarchen the	۵ ,
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	(c) Apple (exclusive	Heart Oscaro	10H 0D 0B 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		to old Backerial Ena	Caroli
19A. DATE OF OPERATION 19B. CONDITION FOR W	WHICH OPERATION 20 A. AUTOPS ? (Yes or	No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING 218. I	PLACE OF INJURY (e.g., in or about 27C. WHERE DID e, form, factory, street, office bldg., INJURY OCCUR?	(If in Baltimore City, give exact tocation	n)
OF INJURY (Month) (Doy) (Year) (Hour) 21E,	tNJURY OCCURRED 21F. HOW DID II	NJURY OCCUR?	
22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an	1./- 5	19GQ to 1/PM 1/127 that In (my) (Que) opinion death accurred a	n the date
and haur and fram the causes stated abave. (1)) (Me) (did) (did not) view the bady after death		
23A. SIGNATURE	M.D. Attending Med. Director	Stoff Phys. 238. DATE SIGNED	6
23C. PHYSICIAN'S MANIE (Type) DNA A T. LEWE	ERS M.D. UNIVERSITY	Hospital, Balto	Md.
REMOVAL (Specify)		LOCATION (City, town, or county)	(Stote)
Burial 12-1-66 BS	altimore National Cem. PF REGISTRAR 25C. FYMERAL DIRECTOR	Baltimore, Maryland	
NOV 2 9 1966 (1.2.6 E.	230. IMPERIAL DIRECTO	1 1 1 10 10 10 10	11



Baltimore Nat'l. Cem.

24C. FUNERAL DIRECTOR

George G.

24B, NAME OF REGISTRAR

Baltimore,

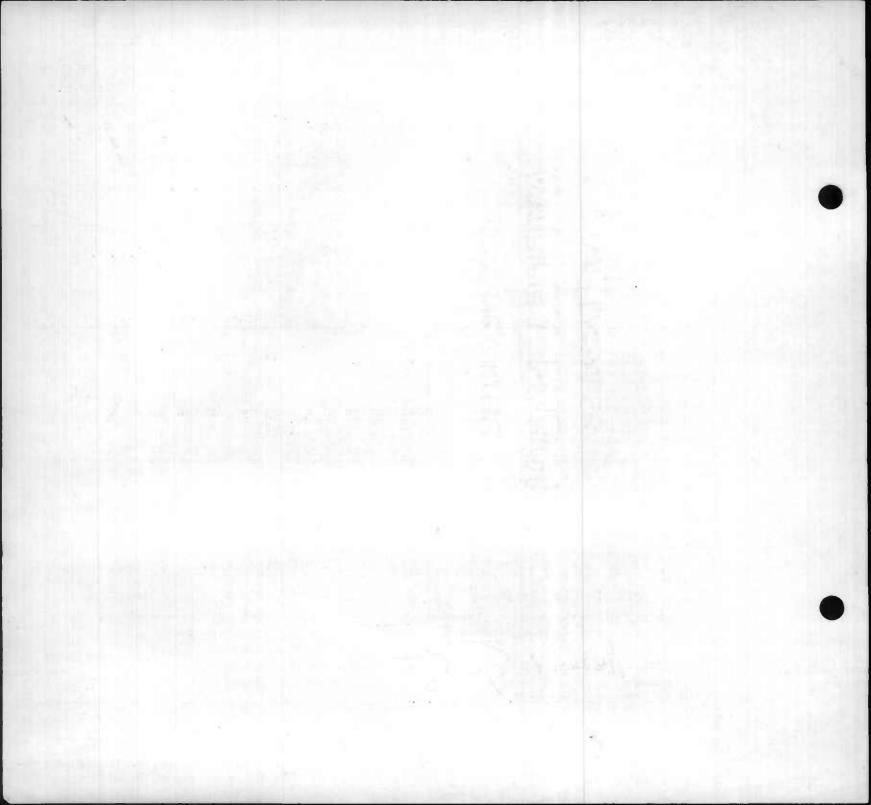
Paryland

Kelson 1348 N. Calhoun St.

REMOVAL (Specify)

VS 151-REV. 1/1/65

burial



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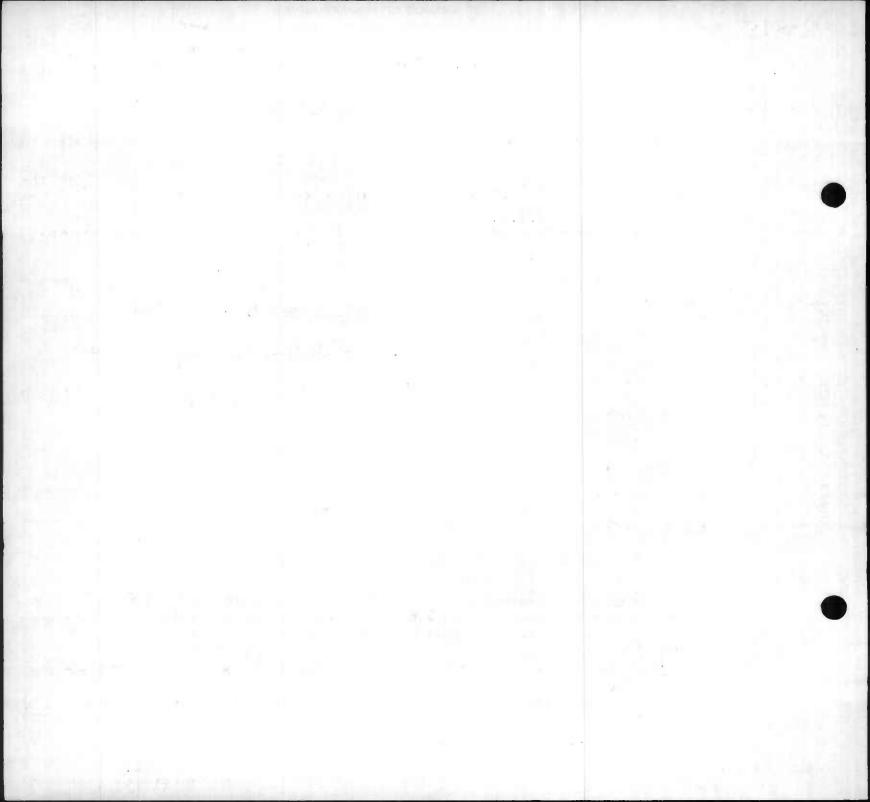
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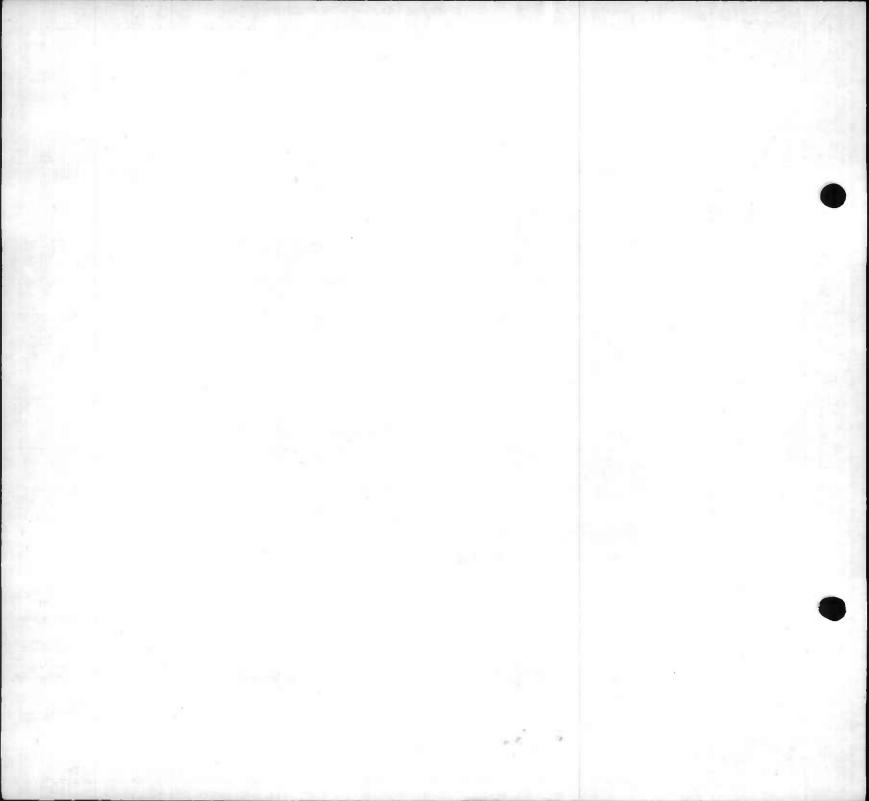
BALTIMORE CITY HEALTH DEPARTMENT 66 11500 Registered Na. DU IRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2, DATE AND HOUR OF DEATH NAME OF DECEASED (Type or Print) enero 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) MARYLAND . (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR JOHNS HOBKINS HOSPITAL C. CITY OR TOWN (If outside city limits, write RUR IL and BALTIMORE BALTIMORE, MD 21205 D. STREET ADDRESS (If jural, give location) CAROLINE STREET 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years 6. RACE B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Months Doys Hours WIDOWED, DIVORCED (specify) last birthdoy) INEGRO MARRIED 3-13-11 55 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired COUNTRY? 14. MOTHER'S MAIDEN NAME CHAUNCY CHAMPION KOSIL SMITH 5. Was Deceased Ever in U. S. Armed Forces? ADDRESS 17. INFORMANT 6. SOCIAL Yes, no or unknown) (If yes, give wor or dotes of service) INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which caused death.) Pick wielling Syndrome ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. remains ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198, CONDITION FOR WHICH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING U (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While ((APPROX.) Work At Work 22. I certify that (将(this hospital) attended the deceased from and that in(ar) apinion death occurred on the dote that (1) (we) last sow the deceased alive on..... and hour and fram the couses stoted above. (# (We) (did) (did) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending M.D. pproval Phys. 23 C. PHY SICIAN'S 23 D. ADDRESS NAME (Type)MURRAY HOPKINS HOSPITAL JOHNS deceased written ap 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. ADDRESS

.FAL .1205

BIRTH NO. 66 11956		HEALTH DEPARTMENT	Registered No.	66 11956
M.E. CASE NO.	CERTIFICA	TE OF DEATH		
Mc CUBBIN .	RY MCCUBBIN) LERCY HENR	y Nov	28-1966	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When A. STATE B. COUN	e deceosed lived. If inst TY	itution: residence before admission)
FULL NAME OF (If not in hospital or instituti	on, give street	MARYLA	DO	
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If out		IRAL ond give township)
49 NORTH CHARLES G	EN. HOSP.		rurol, give location)	50-00-
		1 12	RRON AV	
M W WIDO	HED, NEVER MARRIED WED, DIVORCED (specify) MARRIED	11/16/900	66	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 108, KINE done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12, CITIZEN OF WHAT COUNTRY?
Retired Maintenand		MARYLAN	D BALTIMO	REAMERICAN
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	M E	
Mc CUBBIN, Jos	EPH	KELLY	ROSE	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown)(If yes, give wor or dates of servi	1 6. SOCIAL	17. INFORMANT QLES	Barron Av	enue 21221
No		Mrs Catherin		
18. 3 - 2 7./1	CAUSE O		0 00 110000	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	in Can	strointestinal	Biredina	1 day
(This does not meon the made of dying,			3	**************************************
heart failure, asthenia, etc. It meons the diserinjury or complication which caused death.)				3 - 10
ANTECEDENT CAUSES	(B) W. Y	ONIC PULMONO	CLI GMBKAR	ma 8-10 years
DISEASES OR CONDITIONS, if any, give		,		
underlying Condition lost.	the (C)			***************************************
II II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in	fice bldg. INJURY OCCUR?	(If in Boltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)			
OF INJURY (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not While Work At Work			
22. I certify that (1) (this hospital) attended			19 66 to 11	28 1966
that (i) (we) last saw the deceased alive				on death occurred on the date
ond hour and from the causes stated above	and and the same of the same o		or miling, loor, opini	on account of the date
23A. SIGNATURE	e. (I) (we) (ala not) v	new the body offer death.	1	23B, DATE SIGNED
De Mian E	DOLLIGA M.D. AH	ending Med. Director	Stoff Phys.	11/20/1/-
23C. PHYSICIAN'S		s. Director	Phys.	11/20/00
NAME (Type)		111 22	5003 71	2
	C.NAME OF CEMETERY OF CR		FORD Rd.	DALTIMORE 21214
REMOVAL (Specify)				, town, or county) (State)
	More Land Memo		altimore M	
25A. DATE RESPONDENTED THE PER ASS. NAM	AE OF REGISTRAR	HENRY SAND	ER & SONS	INC.
1 July Day	F - 1 - 1	The state of the s	MARYLAND 2	
VS 150-REV. 1/1/65	3	A TANAMIA TANAMATAN	the state of the s	



	00 44000	BALTIMORE C	ITY HEALTH DEPARTMENT		66 11957
BIRTH NO.	66 11957	CERTIFIC	ATE OF DEATH	Registered No	00 1100/
M.E. CASE I			2. DATE AN	D HOUR OF DEATH	
Type or Print		Nash		1 /	700 1
3. PLACE OF	DEATH IN BALTIMORE, MA				titution: residence before admissi
			A. STATE B. COUN	TY	
FULL NA	ME OF (If not in hospital	or institution, give street	Md		
INSTITUTION	ON		C. CITY OR TOWN (If out	side city limits, write R	URAL ond give township)
20	Mercy Ho	s pital	Baltimore		11-01
01	,	/	1. 11	rural, give location)	
			Midtown Norsin	Home	Balto, Md.
S. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		o. AGE (tn years lost birthday)	Months Doys Hours Min.
+	ω	Widowed	9/19/81	85	
		108. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
done during m	ost of working life, even if retired)		1/100		WHAT COUNTRY?
3. FATHER'S	NAAAE		Virginia	4.5	03
13. FAIREKS	NAME		14. MOTHER'S MAIDEN NAM	A E	
5. Wos Dec	eased Ever in U. S. Armed For		17. INFORMANT		ADDRESS
1/	(nown) (If yes, give war or dote	s of service) SECURITY NO.			
No					
18.4	20./1	CAUSE	OF DEATH		ONSET AND DEATH
D	ISEASE OR CONDITION DIR	RECTLY	11 1 1 1	/ / / / / /	
471: 1	LEADING TO DEATH	(A) <u>Cq</u>	rdiova scular Accide	ent, bilatero	
	pes nat mean the made af ilure, asthenia, etc. It means	dying, e.g., DUE TO			
	camplication which caused				
	ANTECEDENT CAUSES	(B)		***************************************	**************************************
DISEAS	ES OR CONDITIONS, if			, ,	
	the abave cause (A)	stating the (C)	eneralized Athe	rosclerosis	************************************
UNDER	LYING CONDITION last.				
7		(1) Bilate	val Preumonit	2.1	
	SIGNIFICANT CONDITIONS C IE DEATH BUT NOT RELA	TED TO THE (A)	1 0 1 11	11-1	
DISEASI	OR CONDITION CAUSING I	T. (a) Trobal	le Recent Mycrar 120A. AUTOPSY? (YES OI NO	dia/ Inton	tan
19A.DA1	TE OF OPERATION 198. CON	DITION FOR WHICH OPERATION	44 4	10 CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
ERTIP O			No		
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF		g., in or obout 21 C. WHERE DID , office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
▼ DEATH	(notify medical examiner)	etc.)	, once stags, it sold occor.		
21 D. TIM	E (Month) (Doy) (Year)	(Hour) 21 E, INJURY OCCURRED	21F. HOW DID INJ	IDY OCCUP?	
S OF INJU	RY		Vhile	DRI OCCOR:	
(APPROX	.)	Work At W			,
22. I ce	rtify that (1) (this hospital) ottended the deceased from	11/21	9 66 to 11	124 19 66
	(we) lost sow the decease	11/316			
				of in(my) (our) opin	ion deoth occurred on the c
		red obove. (I) (Wa) (did) (did no	r) view the body ofter death.		
23A. SIGI	NATURE	THE RESERVE OF THE PARTY OF THE			23 B. DATE SIGNED
111	uchael 1		Attending Med. Phys. Director	Stoff Dhys Intery	11/24/11
	SICIAN'S	Cear	23D. ADDRESS		177/00
NA!	ME (Type)	= /1.	11	16 0	of an industry to a son
14	ichael It. L	= 1115 M	116164 4050	tal Bat	to Man
24A. BURIAL REMOV	CREMATION, 248. DATE	24C. NAME of CEMETERY OF	CREMATORY 240. LC	CATION' (City	, town, or county) (State
	11/30	الأله	INTURDCE	TV MEDIC	AT SCHOOL
25A. DATE R	EC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	I IV. D.V	ADDRESS
	NOV 2 9 1966	DO B- C . J. D. W	MODELLE	att onnere	
/S 150-REV.		Upleso, C. Namer	4 -2 MIGHEUAT	A SHINIC	RCHID

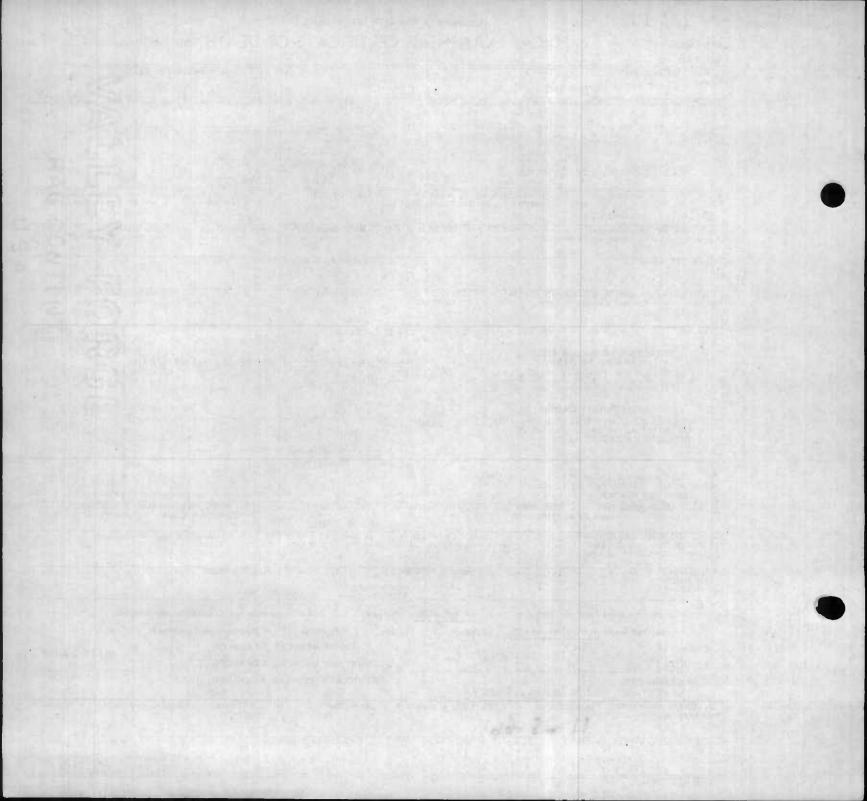


B 66 11958

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

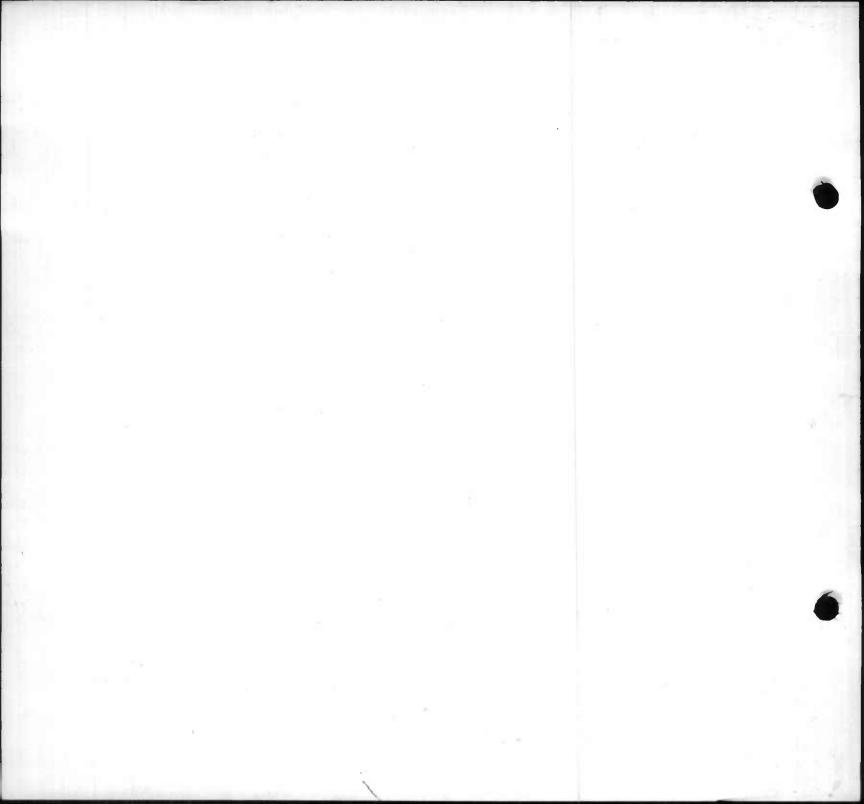
M.E. CASE NO.		AMIII VEIKO C		ALL OI D	LA III wegin	
1. NAME OF DECEASED				2. DATE AND	HOUR PRONOUN	CED DEAD
NICHOL		BEVERST		Novemb	er 16, 196	66 6:10 P M.
3. PLACE IN BALTIMORE, MARYLAND, W	AL OR INSTITUT		A. STATE	Maryland	B. CO	stitution: residence before odmissian) UNTY Le RURAL and give township
HOSPITAL OR ADDRESS OR LOCA	ATION)			Baltimore		2 2 1 1
5036 Queensbury Ave	enue			ADDRESS (If rural, g		
5. SEX 6. RACE	7. MARRIED, N	NEVER MARRIED	B. DATE OF	036 Queens	9. AGE (In years	
Male White		IVORCED (specify)	(1) 01071101	GE (E)	last birthdays	Months, Doys, Hours, Min.
10A. USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired)	KIUK KIND OF	BUSINESS OR INDUSTRI	III. BIRTHPL	ACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER	'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no arunknawn) (If yes, give war ar date		6. SO CIAL SECURITY NO.	17. INFORM	ANT		ADDRESS
LEADING TO DEATH (This does not meon the mode of heort foilute, osthenio, etc. It meon- injury or complication which coused ANTECENDENT CAUSI DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 198. CON	dying e.g., s the discose, death.) ES ANY, GIVING TATING THE	(B)	rioscle	cotic Cardi	ovascular	Disease.
TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING	LATED TO TH		20A AUT	OBSY2 (Var. o. No.) 20	D IE VEC WERE E	INDINGS CONSIDERED
WAS PER		THE STERRING	2000		CERTIFYING CAL	
21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.	21 B. P. home, etc.)	LACE OF INJURY (e.g., farm, foctory, street,	in ar about 2'	JURY OCCUR?	in Boltimore City, (jive exact lacation)
21D TIME (Month) (Day) (Year (APPROX.)		E. INJURY OCCURRED HILE AT NOT AT W	WHILE ORK	F. HOW DID INJUR	Y OCCUR?	
22. I certify that I held an	nquiry 🗌	Inspection X Aut	rapsy 🗌	and that an this		
resulted fram: Natural ca	uses X Ac	cident Sulcid	VA.		determined mann	ier 🔛
ACTUAL SIGNATURE	mlis) 1	ello M.D		F MEDICAL EXA		DATE SIGNED
EXAMINER'S NAME (Type) Charles	s S. Pett	y	ASSOCIAT	E MEDICAL EXA	MINER	11/17/66
23A, BURIAL CREMATION, 23B DATE REMOVAL (Specify)	28-66	NAME OF CEMETERY	CREMATO	23D. LO	CATION (City	y, town, or county). (Stole)
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME O	0 30 0		NERAL DIRECTOR	7 0	ADDRESS
NOV 2 9 1968	0,(14 2	1 E, Stable, M.A.	7 :	DAY TO LAKE	I SELV	ICE - BCHD



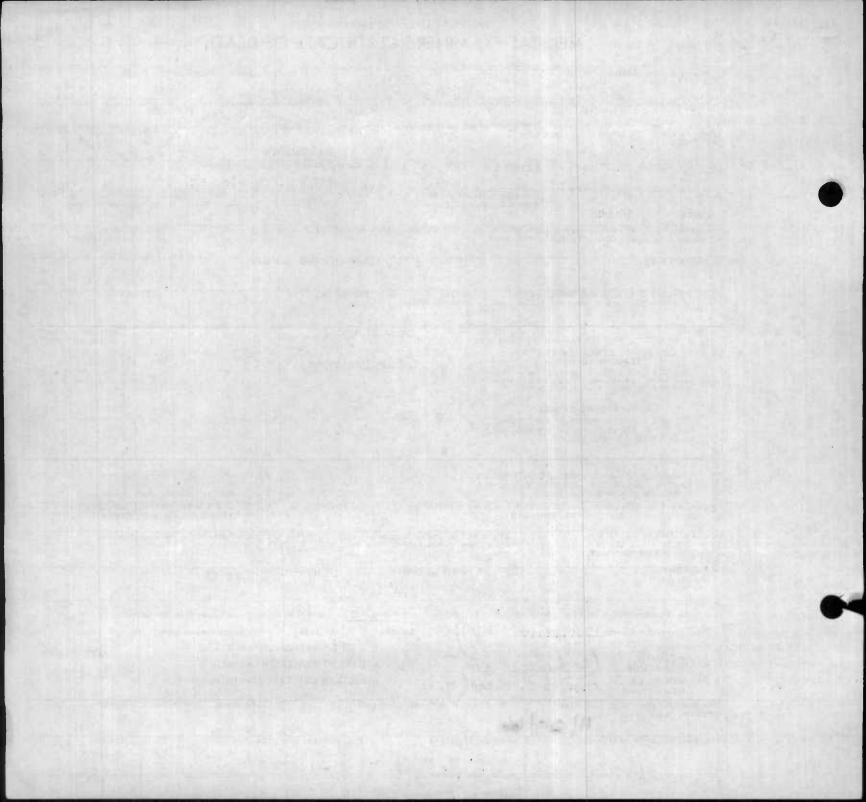
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

V\$ 150-REV. 1/1/65

-	00 44050	BALTIMORE CITY	HEALTH DEPARTMENT		00 44000
1	H NO. 66 11959	CERTIFICA	TE OF DEATH	Registered No	66 11959
1. N (Typ	AME OF DECEASED GOADSON		2. DATE AN	1/18/66	600 6
3. 1	MACE OF DEATH IN BALTIMORE, MARYLAND WILL BE SEEN HIS CONTROL OF THE MARYLAND AND THE WORK OF THE MARYLAND NETTUTION THE WORK OF THE MARYLAND THE MACE OF THE MARYLAND THE MACE OF THE MARYLAND THE MACE OF	street	BALTIME	tside city limits, write R	URAL and give township)
	37		219NWC	olke St.	/
5. S	EX 6. RACE 7. MARRIED, NE WIDOWED, D	VER MARRIED	B. DATE OF BIRTH	9. AGE (In years last bighday)	If Under 1 Yr. If Under 24 H Manths Days Haus Min.
dan	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUILD OF	SINESS OR INDUSTRY	LOUBIANA	+	12. CITIZEN OF WHAT COUNTRY?
15.	Moc Gadyson	SOCIAL	RODECA T. INFORMANT	Stevens	ADDRESS
(Tes	,na arunknawn) (If yes, give war or dotes af service)	SECURITY NO.			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	***************************************		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving lise to the obave cause (A) stating the	DUE TO	wettyle Mi	relona	lige
ATION	UNDERLYING CONDITION Iosi. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
RTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHITWAS PERFORMED	CH OPERATION	20 A. AUTOPSYZ (Yes, or N	208. IF YES, WERE F	INDINGS CONSIDERED
AL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	CE OF INJURY (e.g., in arm, factory, street, of	or about 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact lacation)
MEDIC	21D. TIME (Month) (Day) (Year) (Hour) 21E. IN. OF INJURY (APPROX.) While A	URY OCCURRED Not Whill At Wark		URY OCCUR?	4/0
	22. I certify that (I) this hospital ottended the d	[][8	19 66 and th	1966to	19 6
	ond haur and from the causes stated above. (1) (1)		ending Med.	Staff Phys.	23B. DATE SIGNED
	AC. PHYSCIANS NAME (Type)		23D. ADDRESS	logital	MARVIAND
244	REMOVAL (Specify) 11-23-66	of CEMETERY of CRI	MATORY 24D. L	MEDICAL	SCHOOL
25A	NOV 2 9 1966 P P C	EGISTRAR	25C. FUNERAL DIRECTO		ADDRESS RCHD



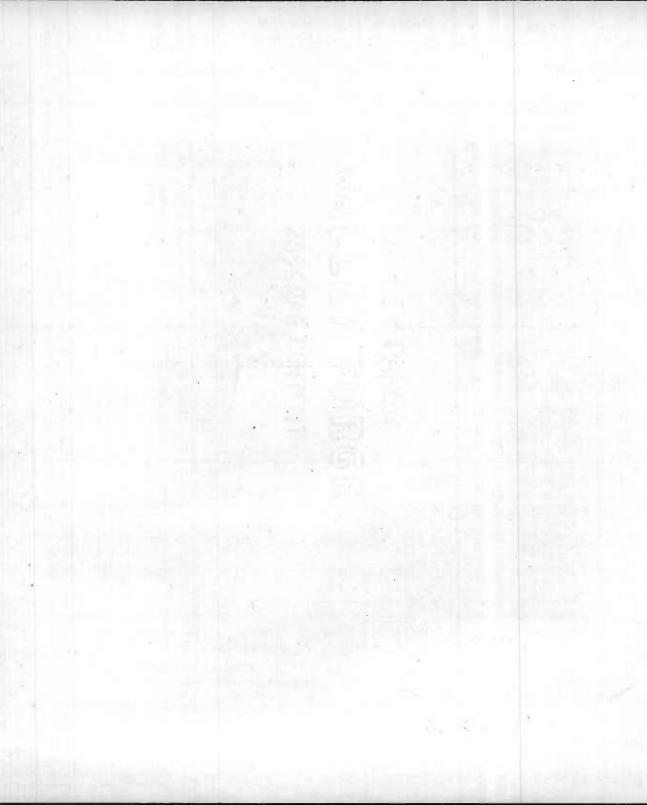
1 13	66 11960 BALTIMORE CITY HEALT	TH DEPARTMENT 66 1196()							
2-1-20		ERTIFICATE OF DEATH Registered No.							
	M.E. CASE NO. 1. NAME OF DECEASED								
	(Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD							
	ALBERT LOPEZ 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	November 18, 1966 4:50 P M. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If autside carparate limits, write 2014) and give two step)							
	1005 S. Charles Street	Baltimore D. STREET ADDRESS (If rural, give location)							
	5. SEX 6. RACE 7. MARRIED. NEVER MARRIED	1005 S. Charles Street							
	Male White Whowed, DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.							
	IDA. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY dane during most at working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS							
	DISEASE OR CONDITION DIRECTLY	OF DEATH ONSET AND DEATH Pneumonia.							
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Z (C)								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes Yes 200. AUTOPSY? (Yes at Na) 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in hame, form, factory, street, of etc.)	n or about 21C. WHERE DID (If in Boltimare City, give exact location) ffice bldg., INJURY OCCUR?							
	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK								
	22. I certify that I held on Inquiry Inspection Auto	opsy X ond that on this basis, death in my opinion							
	resulted from: Natural causes X Accident Suicide								
LEW BURNEY	ACTUAL ()	CHIEF MEDICAL EXAMINER DATE SIGNED							
	SIGNATURE (haile) Teth M.D.	ASSISTANT MEDICAL EXAMINER X							
	NAME (Type) Charles S. Fetty; M.D.	ASSOCIATE MEDICAL EXAMINER 11/19/66							
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 23D. LOCATION (City, town, or county) (State)							
	24A, DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS							
	NOV 29 1966 A DO FE Ja D. M.D.	3 1 Ca 7 A SENICE - BCHD							
	VS 151-REV. 1/1/65								



6	11961	BALTIMORE CITY HEALTH DEPARTMEN

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 11981

M.	E. CASE NO.	11120		., ., ., ., .		, , , , ,			
	NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD	
(I y	rpe or Print)	JAMES	C	. FINC	CHER	Novemb	er 19, 1966	6	:20 P M
3.	PLACE IN BAL	TIMORE, MARYLAND, V	HERE PRONOL	INCED DEAD	A CTATE		deceosed lived, If insti B. COU	tution: residence	before odmission)
HC	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC		TION, GIVE STREET	C. CITY OF		corporate limits, write	RURAL ond give	township)
C	6 E	Preson Stre	et			ADDRESS (If rurol,			
5	SEX	6. RACE	7 AAABBIED	NEVER MARRIED	B. DATE OF	6 E. Prest	9. AGE (In years	I II I I Indor 1 Ye	If Under 24 Hrs.
	Male	White		DIVORCED (specify)	B. DATE OF	DIKIH	lost birthdoy)	Months, Doys	Hours Min.
		UPATION (Give kind of wo working life, even if retired)	k 108. KIND OF	BUSINESS OR INDUSTR	Y11. BIRTHPL	ACE (State or foreign	country)	12. CITIZEN OF WHAT COL	
13.	FATHER'S NAM	A E			14. MOTHER	'S MAIDEN NAME			
16	WAS DECEASE	TO FLORD IN 11 C ADMAR	n roncers	11/ 50 5141	17 INFORMA	ANY		ADDRESS	
		D EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORM	ANI		ADDRESS	
	1B. 40	2.1		CAUS	E OF DEATH				VAL BETWEEN
	DISEA	SE OR CONDITION D							, and beam
	(This does	LEADING TO DEAT			ioscler	otic Cardi	ovascular D	isease.	******************
	heort foilure	, osthenio, etc. It meon mplication which caused	s the discose,	DUE TO					
	111/01/ 01 00	inpresent wines couses	0001111						
		ANTECEDENT CAUSI		(B)					
Н		OR CONDITIONS, IF		DUE TO					140 11000000000000000000000000000000000
	UNDERLYII	NG CONDITION LAST.		40)				- 11	
ó				(C)					
CERTIFICATION	OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT R	LATED TO T						
RTI	194 DATE OF	R CONDITION CAUSIN		WHICH OPERATION	ZOA AIIT	OPSY2 (Yes or No.)	208. IF YES, WERE FIN	IDINGS CONSID	FRED
		WAS PE	RFORMED			No	N CERTIFYING CAUS	SES OF DEATH?	
MEDICAL	UNDERLYING UTING CAL	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	21 B. home, etc.)	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., IN	IC. WHERE DID (I	f in Boltimore City, giv	ve exoct location)	
2	OF INJURY (APPROX.)	(Month) (Doy) (Yes	V	VHILE AT NOT	WHILE 21	F. HOW DID INJU	RY OCCUR?	-y-H	
	22. 1 cer	tify that I held an	Inquiry 🗌		itopsy 🗌	and that on this	s basis, deoth In m	y opinian	
	resu	Ited from: Notural co	uses X A	ceident Suicie			ndetermined manne	er 🗌	
	ACTUA	0/	/	/_		F MEDICAL EX		DA	TE SIGNED
	SIGNAT	URE 4	ules 1	colleg M. C		IT MEDICAL EX		11.	/20/66
	EXAMIN NAME (Type) Charl	es S. Pe		-ANZ	TE MEDICAL EX	OARD DR	1 1 1	AN
	A. BURIAL CRE MOVAL (Specif		28-66	C. NAME OF CEMETERY	or CREMATO	23 D. LC	CATION (City,	SCHOOL	(Stote)
24.	A. DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. Ft	JNERAL DIRECTOR	p / 10 8 M 8L	ADDRE	55
		NOV 29 1966	Robert	E. FalleyMA	lik	OR UAR	SERVICE	e . BCf	ID .
VS	151-REV. 1/1/	65		-0-13-13	5	7			-



(4) Undetermined cause; (5) Deceased or contributing cause occurred regular death = Was assistant if IMPORTANT death any ounce of fracture pron the chief medical examiner FUNERAL DIRECTOR: who 4 physician burns; Body O 3 where to the hospital of any nature; by approved (except hospital

the body was released

accident

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BALTIMORE CITY HEALTH DEPARTMENT 66 11962 Registered Na.. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Goodwin 4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admiration 3. PLACE OF DEATH IN BALTIMORE, MARYLAND eat B. COUNTY C. CITY OR TOWN (II not in haspital or institution, give street FULL NAME OF address or lacation) HOSPITAL OR (II outside city timits, write RURAL ond give township) INSTITUTION 0 prior D. STREET ADDRESS (Il rural, give location) 3700 made MARRIED, NEVER MARRIED 5. SEX 8. DATE OF SIRTH 9. AGE (In years II Under 24 Hrs. II Under 1 Yr. deceased Hours WIDOWED, DIVORCED (specily) Months! Doys tast birthday) 0-01-9 tOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF done during most of working lite, even if retired) WHAT COUNTRY? dispositio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the omas 15. Was Deceased Ever in U. S. Armed Forces LO 16. SOCIAL final (Yes, no or unknown) (II yes, give wor ar dates al service) SECURITY NO. attendance 215-05-0985 No None 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, ar injury at complication which coused death.) regul ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the before the remains UNDERLYING CONDITION lost. Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, form, loctory, street, affice bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimare City, give exact tacation) °Z etc.) DEATH (notify medical examiner) MEDIC/ be obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While While At (APPROX.) Work At Work and 22. I certify that (13) (this haspital) attended the deceased fram... death); that (1) (we) last saw the deceased alive an... and haur and fram the causes stated abave. (1) (We) (did) (did rat) view the bady after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Director Stall 9 approval Phys. 23D. ADDRESS 23 C. PHYSICIAN'S prior

and that in (pay) (aur) apinian death accurred an the date MIRIAM R. THE UNION MEMORIAL HOSPITAL COHEN M.D. 24A, BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, or county) REMOVAL Specify Cremation 11/30/1966 Greenmount Crematory Baltimore. 25A, DATE REC'D 8Y HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

F Company and Harry yes

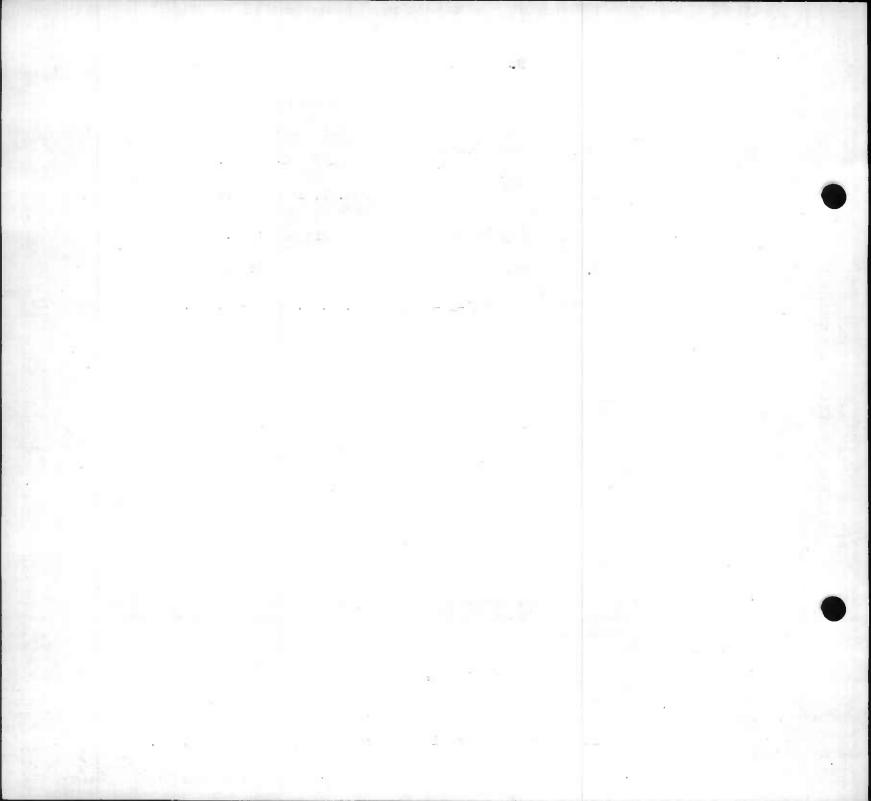
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THE U ID IFFO PL HISPITAL

VS 150-REV. 1/1/65

of death

(Туре	ME OF DEC	Ruth		D.	Ricketts			mber 27, 1		
	JLL NAME O	ATH IN BALTIM	hospital or		give street	A. STATE	B. COUNTAINS		f institution: residence befo	re odmi:
H	OSPITAL OR		or location)	matterion,	give sheet			side city limits, writ	te RURAL and give towns	hiplum
0		4132 Rola				D. STREET AD	timore	urol, give location)	13-0	1
		Baltimore	e, Mary	yland	21211		2 Roland		11	
5. SE	emale	6. RACE White		WIDOWED	NEVER MARRIED D, DIVORCED (specify) arried	Oct. 7,		9. AGE (In years lost birthdoy)	If Under 1 Yr. If I Months Doys Hou	Jnder 24
done		UPATION (Give ki working life, even			Foundery hine Company		E (Stote or forei		12. CITIZEN OF WHAT COUNTR	Y?
13. F	ATHER'S NA	ME		a Hav	ILIO COMPAL,	14. MOTHER'S	MAIDEN NAM	AE		
	Milton	C.		Davis		Edit	th Fai	rall		
15. W	as Deceased	Ever in U. S. A	rmed Forces	s? of service)	16. SOCIAL SECURITY NO.	17. INFORMAN	T		ADDRESS	
	No		one		212-16-0304	Mr. L.	M. Rick	etts, Jr.	108 Castlewe	ood F
1	IB. 17	5.0 I			CAUSE	OF DEATH		-	ONSET AND	
	DISEA	SE OR CONDIT		CTLY	7	11/1/	0	- X 0	// JANEEL AND	DEMIN
	(This days	LEADING TO		vina 33	(A) //	le pos phe	cane	W/ 10/1/	ump a	mor
	heart failure,	nal mean the r asthenia, etc. I	II means th	ne disease,	DUE 10		7	U		
l i	injury or con	nplication which	requeed d			- 1/				
	,	ANTEGEREN		eum./	101	X Danto	· ····	- m	Robles	
		ANTECEDENT	CAUSES		(B)	& Parto	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- Pro	asky	b 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	DISEASES	ANTECEDENT OR CONDITION e abave cau	CAUSES NS, if an	ıy, giving	DUE TO) Darian	ud O	- Pro	bobly	**************************************
	DISEASES (OR CONDITIO	CAUSES NS, if an se (A) s	ıy, giving	(B) DUE TO	Varian	ud O	- pro vegin	Bolly	
-	DISEASES (rise Io Ih UN DERLYIN	OR CONDITION e abave cau G CONDITION	CAUSES NS, if an ise (A) s last.	y, giving laling lhe	(0)	Varian	ud O	- pro vegen	soly	
7	DISEASES (ise to the UNDERLYIN) OTHER SIGN TO THE D	OR CONDITION e abave cau G CONDITION II	CAUSES NS, if an ase (A) s last.	y, giving laling the	(C)	Varian	ud O	- Pro Vegin	Rolly	
ATION	DISEASES (tise In Ih UN DERLYIN OTHER SIGN TO THE D DISEASE OR	OR CONDITION e abave cau G CONDITION	CAUSES NS, if an ase (A) s last. ITIONS COLOT RELATE AUSING IT.	y, giving lating the NTRIBUTIN ED TO TH	(C)	Darian Darian	ud O	Yegen 208 IF YES WEE	RE FINDINGS CONSIDERE	D
ATION	DISEASES (tise In Ih UN DERLYIN OTHER SIGN TO THE D DISEASE OR	OR CONDITION e above cau G CONDITION II IFICANT CONDITION DEATH BUT CONDITION CA	CAUSES NS, if an ase (A) s last. ITIONS COLOT RELATE AUSING IT.	NTRIBUTINGED TO THE	(C)	Varian 20A. AUTOP	LUD O		RE FINDINGS CONSIDERE CAUSES OF DEATH?	D
ERTIFICATION	DISEASES (Inise In Inise In Inise In Inise In Inise In Inise	OR CONDITION e abave cau G CONDITION IFICANT CONDITION CONDITION CA F OPERATION	CAUSES NS, if an ase (A) s last. ITIONS CO. OT RELATE AUSING IT. 19B. CONDI	NTRIBUTING ED TO TH TON FOR Y RMED	G GE WHICH OPERATION	g _{ss} in or obout 21 C. V	WHERE DID	IN CERTIFYING		
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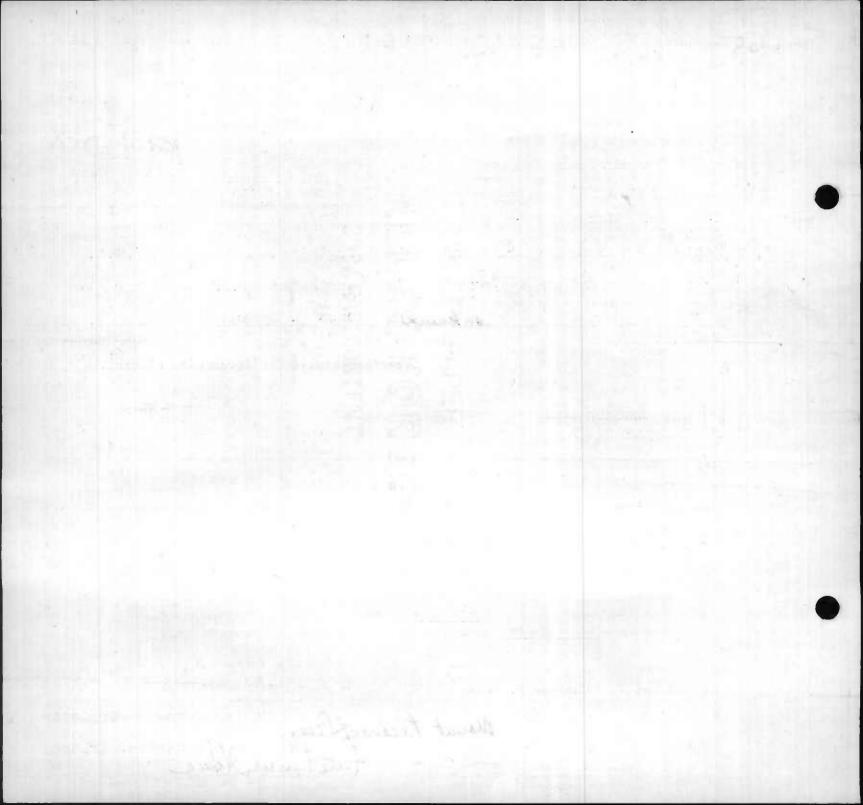
BALTIMORE CITY HEALTH DEPARTMENT 66 11964 Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Mabel F.Coppage November 25,1966 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Md. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION House in the Pines (Belvedere) Baltimore D. STREET ADDRESS (If rurol, give location) Bergener Mansion Gwynn Falls Park 21216 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. WIDQWED, DIVORCED (specify) lost birthdoy) April 20,1885 Female Whi te Widowed 81 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired) Homemaker Baltimore .Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William M.Fallin Rhoda Lewis 15. Was Deceased Ever in U. S. Armed Forces (Yes.no or unknown) (If yes, give wor or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. Bergener Mansion Mrs. Charlotte C. Young Gwynn Falls Pk. 16 No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO hearl foilure, osthenio, etc. Il meons the diseose, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED CERTIFIC WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an. and that in(my) (aur) apinian death occurred an the dote and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A, SIGNATURE 23 B. DATE SIGNED Attending 2 M.D. Med. Stoff Phys. Director Phy s. 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (State) (City, town, or county) REMOVAL (Specily)

approval was D.O decease written Cemetery Burial Nov. 29, 1966 Poplar Hill 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR St. Mary's County Md. ADDRESS

3. 4321

	DALIMONE CITT	IEVELLI DEL VICIMELAL				
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Re	gistered No.5	14

BIRT	H NO.	MED	CAL EX	AMINER'S C	ERTIFICA	IF OF D	EAIH Registe	red No.			
	CASE NO.										
1. I (Ty	De or Print)	CEASED ANDREV	J	SPRIN	G	November 23, 1966 7:00 P					
3. P	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission A. STATE B. COUNTY					
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITU TION)	TION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
3	6 Fra	nklin Square	Hospita	1	D. STREET ADD	ltimore DRESS (H rurol, g D2 W. Pra	pive locotion)	1	1		
5. SEX 6. RACE 7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED(specif				8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 1 Opys Hour					r 24 Hrs. Min.		
Male White Never ms 10A. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSIN done during most of working life, even if retired)			married BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country)			12. CITIZEN OF WHAT COUNTRY?				
₹ <u>е</u>	tired ATHERS NAM	employee B&	O Rail	Road	Virgir 14. MOTHER'S M	MAIDEN NAME		U,S	5.A.		
	WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	18. SO CIAL SECURITY NO.	Carrie 17. INFORMANT	Lee My	yers	ADDRES	3		
	no			onknown	James H. Spring						
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RE/	BURIAL CRE	MATION, 23B DATE		Locent Ple	exact Ce	u. Tay	ylorstown		Irgini	Stote)	
24/	A. DATE REC'D	NOV 29 196	24B, NAME	OF REGISTRAR	I este	Truetal	House	wick,	Marlan	nd	
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Corr.	or contributing and transfer and transfer and transfer attention is in regular attention is made.
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FUNERAL DIRECTOR: IMPORTANT	by the chief medical examiner. ital by a medical examiner. re; (2) Body burns; (3) A fractuly where the physician who prolony No physician was in regular before the remains are emball
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cauwas D.O.A. at a hospital (except where the physician who pronounced death was in regular attedeceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.

9 3 As

	e or Print)	EASED	REGIN	A HAR	T HOYT	2, DA	TE AND HOUR OF DE	ATH	830 p
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Ü	NSTITUTION					MILFORD	(if outside city limits, w	viite KUKAL ond give i	ownship)
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15.	Was Deceosed	Ever in U. S.	Armed Force	es?	1 6. SOCIAL	17. INFORMANT		ADDR	ESS
		(If yes, give	wor or dotes	of service)	none	Warne How	Baltimor	re Marvla	nd
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DICAL CERT	DISEASES OF THE DISEASE OR TO THE DEATH (notify LAPPROX.) 21. I certify that (The Disease of The Disease or The Disease	asthenia, etc. pplication white ANTECEDENT OR CONDITION E abave condition FOR CONDITION OR CONDITION OPERATION TO OPERATION (Month) (Do that (1) this lost sow the	Il means ch caused T CAUSES ONS, if a ause (A) N last. DITIONS CC NOT RELATIONS CAUSING IT 19B. COND WAS PERFO	ny, giving stating the DNTRIBUTING FOR DNTRIBUTING FOR DNTRIBUTING (Hour) 211 WW ottended d alive on.	B. PLACE OF INJURY (e.g. me, form, factory, street, c.) E. INJURY OCCURRED Not Work At Work the deceosed from	20 A. AUTOPSY? (Yes of the bidg., in or obout office bidg., in or obout office bidg., in or obout office bidg.) 21 F. HOW Divide the body offer december of the bidg. Attending Med. Director of the bidge of the b	or No. 208. IF YES, WIN CERTIFYING DID (If in Bol UR? (If in Bol ur) to	VERE FINDINGS CONS CAUSES OF DEATH Itimore City, give exact) opinion death acc	2 19 6 urred on the
MEDICAL CERT	DISEASES OF THE DISEASE OF THE DISEA	asthenia, etc. pplication whin ANTECEDENT OR CONDITION E abave condition OR CONDITION II IFICANT CON EATH BUT CONDITION OPERATION II II II II II II II II II	Il means ch caused T CAUSES ONS, if a caused N last. DITIONS CC NOT RELATIONS TO THE CAUSING IT TO THE CONDUCT OF THE CAUSING IT TO THE C	ny, giving stating the DNTRIBUTIN FED TO	B. PLACE OF INJURY (e.g. me, form, factory, street, ork ork the deceased from	20 A. AUTOPSY? (Yes in or about 21 C. WHERE INJURY OCC 21 F. HOW Divide 19 66 19 66) view the body ofter d Attending Med. Director 23 D. ADDRESS D. Johnson	or No. 20B. IF YES, WIN CERTIFYING DID (If in Bol UR? DINJURY OCCUR? 1966 to	JERE FINDINGS CONSIGNATION OF CAUSES OF DEATH! Ilimore City, give exoct 23B. DATE, SIGN 11, 2. Husp. tal	2 19 Eurred on the
MEDICAL CERT	DISEASES OF THE SIGNITOR THE DISEASE OR TO THE DEATH (notify LAPPROX.) 21. I certify that (I) we) and hour and 23A, SIGNATU 23C. PHYSICIA NAME (T	asthenia, etc. pplication which ANTECEDENT OR CONDITION E abave condition OR CONDITION OF CONDITION OPERATION OPERATION (Month) (Do thot (1) this lost sow the d from the condition, Specify) MATION, 24B Specify)	Il means ch caused T CAUSES ONS, if a caused A) N last. DITIONS CONT RELATIONS TO THE CAUSING IT 198. CONEWAS PERFORMANCE OF CONTROL (Year) Shospital) e deceased couses stated A CAUSING IT 198. CONEWAS PERFORMANCE OF CONTROL (Year)	ny, giving stating the DNTRIBUTIN FED TO	B. PLACE OF INJURY (e.g. me, form, factory, street, c.) E. INJURY OCCURRED hile At At Work At	20 A. AUTOPSY? (Yes in or obout 21 C. WHERE Injury OCC 21 F. HOW Divide Injury OCC 21 F. HOW Divide Injury Occ 22 F. HOW Divide Injury Occ 23 D. ADDRESS CREMATORY	or No. 20B. IF YES, WIN CERTIFYING DID (If in Bol UR? (If in Bol ur) (our) Both. Hopking Hapling 24D. LOCATION	JERE FINDINGS CONSE CAUSES OF DEATH Ilimore City, give exoct 23B, DATE, SIGN 11/22 Husp, tal (City, town, or count	locotion) 2 19 € urred on the
MEDICAL CERT	DISEASES OF THE SIGNITO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR THE DISEASE OR THE DISEASE OR THE DEATH (notify Lapprox.) 21D. TIME 21D. TIME (APPROX.) 22. I certify that (1) (we) ond hour and NAME (T. BURIAL CRE. REMOVAL (S. BURIAL	asthenia, etc. pplication which ANTECEDENT OR CONDITION E above condition OR CONDITION OF CONDITION OPERATION (Month) (Do OPERATION (Month) (Do OPERATION) (Mont	Il means ch caused T CAUSES ONS, if a caused (A) N lost. DITIONS CC (NOT RELATCAUSING IT 19B. CONEWAS PERFO (MAS PERFO) (Year) Shospital) Shospital) Chart 1/26/	ny, giving stating the DNTRIBUTING TO THE DOTTON FOR DRIBUTION FOR DRIBU	B. PLACE OF INJURY (e.g. me, form, factory, street, c.) E. INJURY OCCURRED (hile At	20 A. AUTOPSY? (Yes in or obout 21 C. WHERE office bldg., INJURY OCC 21 F. HOW Divide the body ofter d Attending Med. Director 23D. ADDRESS D. CREMATORY	or No. 208. IF YES, WIN CERTIFYING DID (If in Bol UR? to	City, town, or county (City, town, or county)	locotion) 19 6 urred on the
MEDICAL CERT	DISEASES OF THE SIGNITOR THE DISEASE OR TO THE DEATH (notify LAPPROX.) 21. I certify that (I) we) and hour and 23A, SIGNATU 23C. PHYSICIA NAME (T	asthenia, etc. pplication which ANTECEDENT OR CONDITION E above condition OR CONDITION OF CONDITION OPERATION (Month) (Do OPERATION (Month) (Do OPERATION) (Mont	Il means ch caused T CAUSES ONS, if a caused (A) N lost. DITIONS CC (NOT RELATCAUSING IT 19B. CONEWAS PERFO (MAS PERFO) (Year) Shospital) Shospital) Chart 1/26/	ny, giving stating the DNTRIBUTING TO THE DOTTON FOR DRIBUTION FOR DRIBU	B. PLACE OF INJURY (e.g. me, form, factory, street, c.) E. INJURY OCCURRED hile At At Work At	20 A. AUTOPSY? (Yes in or obout 21 C. WHERE Injury OCC 21 F. HOW Divide Injury OCC 21 F. HOW Divide Injury Occ 22 F. HOW Divide Injury Occ 23 D. ADDRESS CREMATORY	or No. 208. IF YES, WIN CERTIFYING DID (If in Bol UR? to	City, town, or county (City, town, or county)	2 19 € urred on the lED y) (SI land

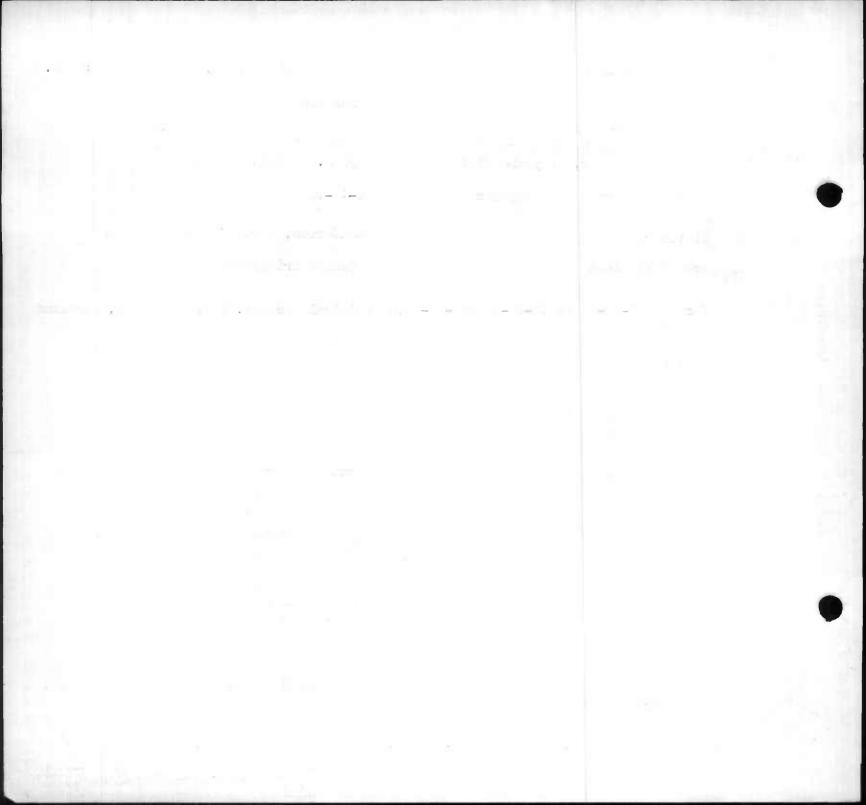
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This certificate must be

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VS 150-REV. 1/1/65

			Y HEALTH DEPARTMENT	66 11967				
BIRTH NO. M.E. CASE NO	66 119	ATE OF DEATH Registered No.	00 11007					
1. NAME OF D			2. DATE AND HOUR OF DEATH					
	SAMUEL WILLIAM	S	November 26, 1966	1:00 A.				
PLACE OF I	DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admissi A. STATE 8. COUNTY					
HOSPITAL C	E OF (If not in hospital oddress or location	or institution, give street	Maryland					
ISTITUTION	Veterans Admir	istration Hospital	C. CITY OR TOWN (If outside city limits, write RUPAR and give township) Baltimore D. STREET ADDRESS (If rural, give facotion) 36 N. Caroline Street					
77	3900 Loch Rave							
< /	Baltimore, Mar							
5. SEX 6. RACE		7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 h				
Male	Negro	WIDOWED, DIVORCED (specify) Married	6-16-16 tost bighdoy)	Months Doys Hours Min.				
	CUPATION (Give kind of work of working life, even if retired)	10 B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Steved			Henderson, North Carolina					
FATHER'S N	IAME		14. MOTHER'S MAIDEN NAME					
Archie	Williams		Fannie Bridgeford					
Wos Deceas	sed Ever in U. S. Armed Ford	ces? 16. SOCIAL	17. INFORMANT	ADDRESS				
es, no or unkno	(If yes, give wor or date	s of service) SECURITY NO.						
Yes	7-22-43 to 1							
1B.	6/1/		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
DISE	EASE OR CONDITION DIR	ECTLY	itonitis	2 days				
(This does	s nat meen the mode of	(A)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	- 40,0				
heart failu	re, asthenia, etc. It means	the disease,						
infury or o	camplication which caused	death.)	forated duodenal ulcer					
	ANTECEDENT CAUSES	DUE TO	***************************************					
	OR CONDITIONS, if the above cause (A)							
	ING CONDITION last.	siding the (C)		H 1000 C 100				
	11							
E TO THE	SNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I	TED TO THE	olycystic kidneys	lifetime				
19A. DATE	OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE I	INDINGS CONSIDERED				
19A. DATE	WAS PERF	ORMED	IN CERTIFYING CAL	USES OF DEATH?				
21A. ACCI	DENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID IIf in Boltimore	City, give exact location)				
DEATH (no	IBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?					
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
OF INJURY								
101 200		While At Work Not Wh						
22. I certify that (1) (this haspital) attended the deceased from November 24th 19 66 to November 26th 19 66 that (1) (we) last saw the deceased alive an November 26th 19 66 and that in my (our) apinion death occurred on the deceased								
that (1) (v	nion deoth occurred on the c							
and hour	ond from the causes stat	ed obove. (1) (We) (did) (Aid not)	view the body ofter deoth.					
23A. SIGNA				23B. DATE SIGNED				
		M.D. At	tending Med. Stoff. Phys.	11/28/66				
23 C. PHYSIC	CIAN'S // // //	7		och Raven Blvd.				
NAMI	LPH TWINING	January M.D.	D. 7 L.2 Mar 7 3					
4A. BURIAL C	REMATION, 248. DATE L (Specify)	24C. NAME OF CEMETERY OF CI	REMATORY 24D. LOCATION (C)	ly, town, or county) (State)				
12	1 11-74-	46 Ball nl	od C. Det.	m. L.				
SA. DATE REC		258. NAME OF REGISTRAN	25C. FUNERAL DIRECTOR	ADDRESS				
	NOV 29 1966 (Relient E. Janky M. M.	Chand of male 1	Land R IT A.				



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		66 1196	8	BALTIMORE CITY			3	- GE 11 988
1 0	TH NO.	00 1100		CERTIFICA	TE OF DI		Registered No.	
1, N (Ty)	pe or Print)	cah Collins	3			2. PATE AND	HOUR OF DEATH	1:40 PM
3.	PLACE OF DEA	ATH IN BALTIMORE, M	ARYLAND		4. USUAL RESID	B. COUNT	deceased lived. If in	nstitution: residence before admission)
1	FULL NAME OF HOSPITAL OR INSTITUTION	If (If not in hospito address or locali			D. STREET ADD	WN (If auts	oral, give locotion)	RURAL and give (awnship)
5.	M	6. RACE N	WIDOWED,	EVER MARRIED DIVORCED (specify)	6-8-81	H 9.	AGE (In years	If Under 1 Yr. Hours 24 Hrs. Manths Days Hours Min.
		JPATION (Give kind of wa warking lite, even if retired) Kelluu	KIOB, KIND OF B	USINESS OR INDUSTRY	-	(State or foreig	, Q	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NA	AE		-	14. MOTHER'S A	AAIDEN NAM	E A	
15. (Ye	Was Detersion s, na ar unknown	IST IN GOING WAR OF da	es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	unk	Willen	ADDRESS Seur
	DISEA	SE OR CONDITION D		CAUSE O		umonia		interval between onset and death 72 hours
	heort foilure,	ot meon the mode o osthenio, etc. It meon plicotion which couse	s the diseose,	DUE TO			***************************************	
		ANTECEDENT CAUSE		(B)				
	rise to the	OR CONDITIONS, if a obove couse (A) G CONDITION lost.	(C)			~~ ~~ 0 0 1 × × × 0 × 0 × 0 0 0 0 0 0 0 0 0 0		
CERTIFICATION	TO THE D							
	19A. DATE OF	OPERATION 198. CO		HICH OPERATION		Y? (Yes ar Na) YES	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	OR CONTRIBL	T WAS UNDERLYING DING CAUSE OF medical examiner	LACE OF INJURY (e.g., in farm, factory, street, at	fice bldg., INJURY	HERE DID OCCUR?	(If in Baltimar	e City, give exect location)	
MEDIC	21D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Nat					DIN DID INJU	RY OCCUR?	

While Wark Nat While At Wark 22. I certify that (1) (this hospital) attended the deceased from

Med. Director

that (I) (we) last sow the deceased alive on and hour ond from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth.

.19 ond that in (my) (our) opinion death occurred on the dote

11.28.66

23 B. DATE SIGNED

23A. SIGNATURE

The	the	e	W	inslow
23C. PHYSICIAN'S NAME (Type)				

23 D. ADDRESS

Attending Phys.

M.D

Hohns hopkins Hoppital

Robert Winslow BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

(City, town, ar caunty) (State)

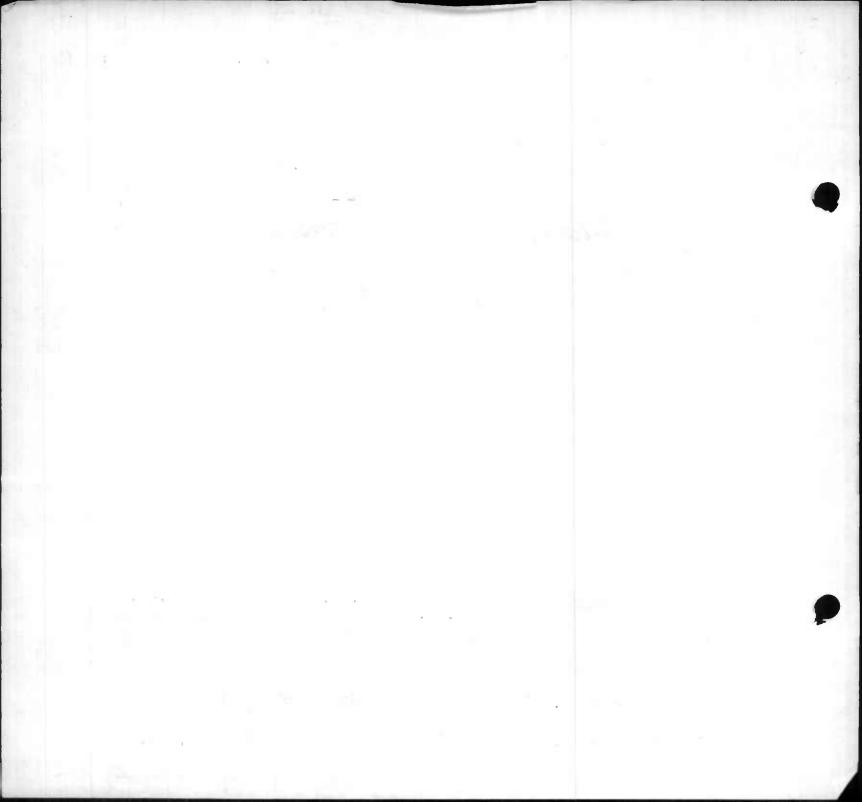
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Burn 2-1.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

Baltimore, Md.

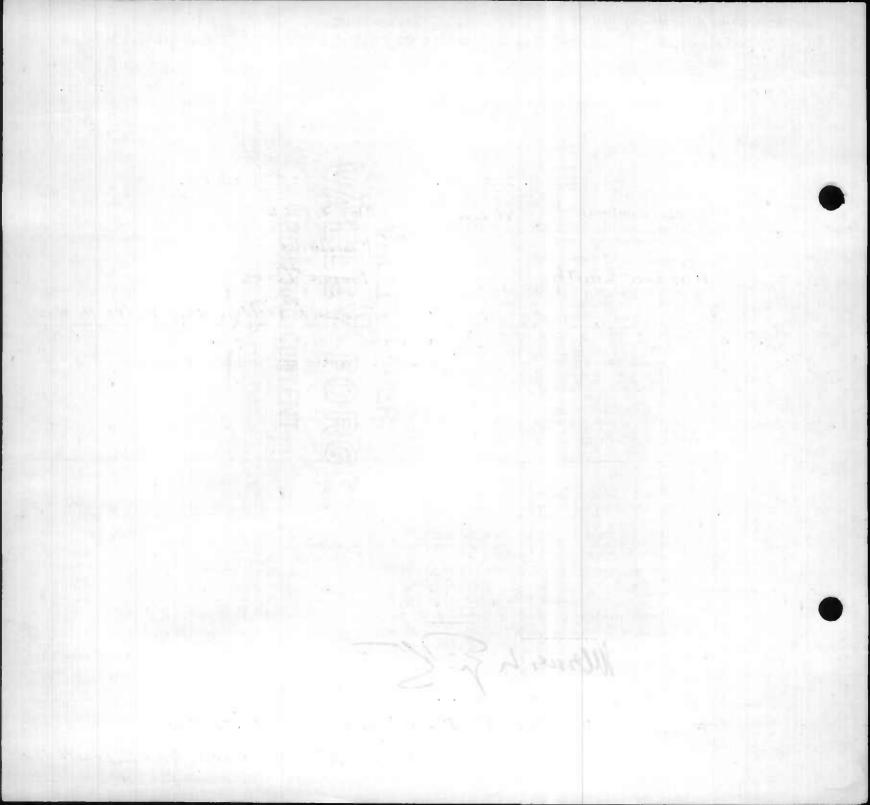
Staff Phys.

ADDRESS 250 FUNERAL DIRECTOR



1 66 11969 BALTIMORE CITY HEALTH DEPARTMENT W - 425 BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 11969

M.E	CASE NO.									
	AME OF DEC	CEASED		1	***1	2. DATE AND HOUR PRONOUNCED DEAD				
					Wilson	11/26/66 1:05 p. _{M.}				
3. P	LACE IN BALT	TIMORE, MARY	LAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY				
FUL	L NAME OF	(IF NOT II	N HOSPITA	L OR INSTITU	JTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside carporate limits, write RURAL and give township)				
HO:	PITAL OR	ADDRESS	OR LOCA	TION)	,	C. CITY OR TO	WN (If outside	carporate limits, write	RURAL and give town	ship)
1143	11011011						Baltimo	re X	-00	
						D. STREET ADE	DRESS (If rural,	give lacation)		
			2317	W. Nor	th Ave.	2317 North Ave.				
5. S	EX	6. RACE			NEVER MARRIED	8. DATE OF BIR		9. AGE (In years	If Under 1 Yr. If Und	
	female	colore	he	WIDOWED, DIVORCED (specify)		May 7,	1906	last birthday)	Months, Days, Haur	s Min.
					BUSINESS OR INDUSTR				12. CITIZEN OF	
		working life, ever		IOB. NND OF	BUSINESS OK INDUSTR	1 1	1	Cability)	WHAT COUNTRY	7
						Maryl				
	ATHER'S NAM		+-1				MAIDEN NAME			
	Harrisa	on Sm	ullu			Bessi	e Tone	S		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL						17. INFORMANT			ADDRESS	
(Yes, na arunknown) (If yes, give war or dotes of service) SECURITY NO.				SECORITI NO.	Freder	K Wil	sen 2317	W. North	Are.	
. ,	10						- 1	.,	INTERVAL	
	18.	0 1/1			CAUS	E OF DEATH			ONSET AN	
	DISEA	SE OR COND	DITION DI	RECTLY						
		LEADING T			Arter:	ioscleroti	ic cardio	vascular di	Lsease	
	(This daes	nat mean the	mode of	dying, e.g.,	DUE TO			***************************************		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)									
	ANTECEDENT · CAUSES									
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE									0011011001110000
		NG CONDITION		IA IING THE						
Z					(C)					
읟										
<	OF TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
표										***
RT					WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	OB. IF YES, WERE FIN	IDINGS CONSIDERED	
Ö	0		WAS PER	FORMED			no	N CERTIFYING CAUS	SES OF DEATH?	
7	21 A FYTERNA	L CAUSE WA	2	21.0	PLACE OF INJURY (e.g.,	in or about 21C		f in Boltimore City air	ve exact (acation)	
O	UNDERLYING	OR CONTRIB	-	home	, farm, factory, street,	office bldg., INJUI	RY OCCUR?	· in commone only, give	VO OXOCT TOCONOM	
MEDIC.	UTING LCAL	JSE OF DEATH	1.	etc.)						
	21 D TIME	(Month) (D	oy) (Yeo	Hour) 2	TE. INJURY OCCURRED	21 F. F	ULUI DID WOH	RY OCCUR?	,	
	OF INJURY (APPROX.)				WHILE AT NOT	WHILE				
						WORK				
	22.	tify that I he	ld on 1	naulry 🗌	Inspection X A	utapsy a	nd that an this	s basis, death In m	ny opinian	
	resu	Ited fram: N	atural ca	uses X	Accident Suici	de Hamid	ide U	ndetermined manne	er 💹	
		111	10	- 1	5-111	CHIEF	MEDICAL EX	AMINER	DATES	ICHED
	ACTUA		Inn	4 h	.50- 1	D. ASSISTANT	MEDICAL EX	AMINER X	DATES	IONED
	SIGNAT			,	M.I	ASSOCIATE	MEDICAL EX	AMINER	11/27/66	
	HAME (arnor	II Coi+	/ M D	ASSUCIATE	MEDICAL EX	AMINER	11/2//00	
23A	, BURIAL CRE		B. DATE	U. Spit	C. NAME of CEMETERY	CREMATORY	23 D. 10	CATION (City,	tawn, ar county)	(State)
	AOVAL (Specif	6.3								
-	Buria /		11/30	166	Balto. Nal	iona / Ce	em, Ls	a/78,11d	/	
		BY HEALTH	DEPT.	24B. NAME	OF REGISTRAR		RAL DIRECTOR		ADDRESS	
		NOV OO	1000	100	OILO	10/1	m C M	TARCH 9:	28 E. Nor.	the Ave
	. 50	MOA 20	1300	Violencel	E. Farburn	147				
						7				



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VS 150-REV. 1/1/65

25B. NAME OF REGISTRAR

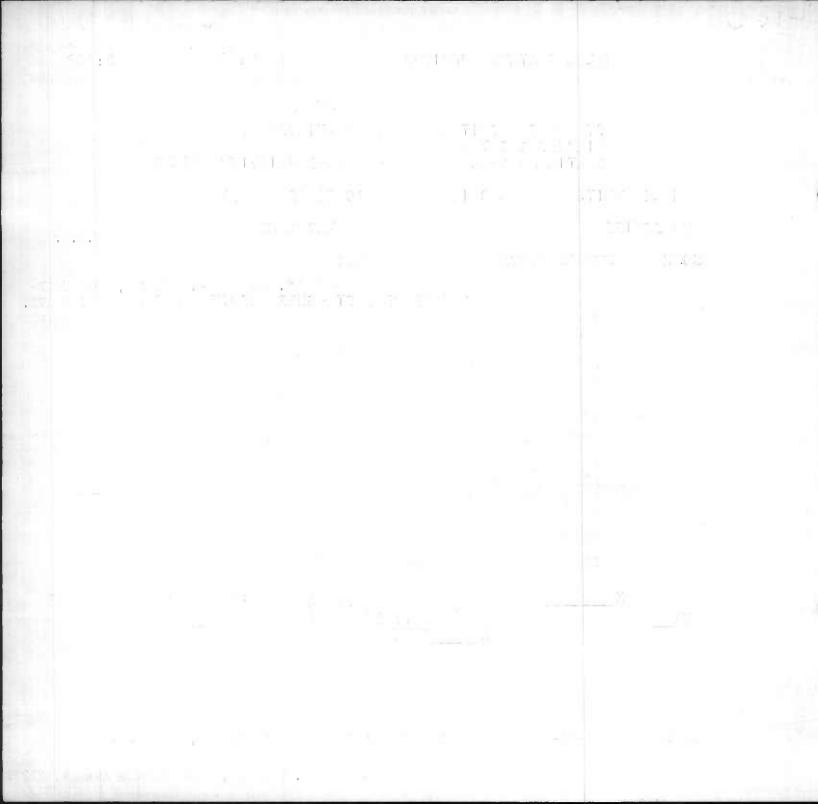
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		00 440	~ ()	BALTIMORE CITY	HEALTH DEPARTMEN	T	66 11970
	TH NO.	66 119	70	CERTIFICA	TE OF DEAT	H Registered No.	00 11370
1. N	E. CASE NO. DAME OF DECE	HELEN GI	ERTRUD	E PFEIFER	2. DAT	AND HOUR OF DEATH	2:10P
3. 1	PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	Where deceased lived. It is OUNTY	nstitution: residence before admissio
1	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital oddress or location		give street	MARYLAND	If outside city limits, write	RURAL and give township)
	N3IIIOIION	ST AGNI	ES HOS	PITAL	BALTIMOR	E 27	53-00
d	40	WILKENS			D. STREET ADDRESS	(If rural, give location)	
		BALTIM				IRVIEW AVEN	
	FEMALE	WHITE	MAI	NEVER MARRIED D. DIVORCED (specify) RRIED	8. DATE OF BIRTH 10 06 95	9. AGE (In years lost birthdoy) 71	II Under 1 Yr. If Under 24 H Months Doys Hours Min.
		PATION (Give kind of work orking life, even if retired) VIFE	10B. KIND OF	BUSINESS OR INDUSTRY	MARYLA		12. CITIZEN OF WHAT COUNTRY?
3.	AND HIM	PHILLIP	MARTIN		14. MOTHER'S MAIDEN MARY	NAME	V. V.
		ver in U. S. Armed For Iff yes, give wor or dote		16. SOCIAL SECURITY NO. 216 03 039		CHARLES A. P. HOSPITAL R	FEIFER, APS 03 FAIR- ECORDS VIEW AVE
	(This does natheort failure, a injuty or comp A DISEASES Of rise to the	OR CONDITION DIR EADING TO DEATH t mean the mode of isthenio, etc. II means licotion which coused NTECEDENT CAUSES CONDITIONS, il obave couse (A) CONDITION tost.	dying, e.g., the disease, death.)	(B) DUE TO (C)	s bleed seadio	ingachi	ONSET AND DEATH
RTIFICATION	TO THE DE	ICANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PER	TED TO TH	G E WHICH OPERATION	20A. AUTOPSY? (Yes		FINDINGS CONSIDERED
CAL CERT	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF		PLACE OF INJURY(e.g., in the control of the control	n or obout 21 C. WHERE D fice bldg., tNJURY OCCU	ID (If in Boltimo	re City, give exoct locotion)
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED ile At Not While tk At Work	e —	INJURY OCCUR?	
	thaX () (we)		d alive an	11	2.61966ar	d that in (XX (aur) ap	26
<	23A. SIGNATUR	her S	ed above. (1	Phy	ending Med. Director	Statt Phys.	23B, DATE SIGNED
	23C. PHYSICIAN NAME (Ty	pel		M.D.	23D. ADDRESS		
4 /	REMOVAL (Sp	ATION, 24B. DATE	24C. N	AME of CEMETERY of CRE	MATORY 24	D. LOCATION (C	City, tawn, or county) (State)
	BURIAL	11-29-6	6 ME	ADOWRIDGE CEM	ETERY	BALTIMORE,	MARYLAND

25C. FUNERAL DIRECTOR

THOWARD H. HUBBARD, 4107 Wilkens Avenue,

ADDRESS



and

			BALTIMORE CIT	Y HEALTH DE	PARTMENT		
BIRTH NO.	66 1197	1.	CERTIFICA	ATE OF	DEATH	Registered Na	. 66 1197
M.E CASE N	DECEASED				2. DATE A	ND HOUR OF DEATH	4
(Type or Print)	VIRGIL	EDWARD	COLLINS		11/2	7/66	9.30
3. PLACE OF	DEATH IN BALTIMORE, MA			4. USUAL R		ere deceosed lived. If	institution; residence before odm
FULL NAM HOSPITAL	OR oddress or locotic	or institution, giv	e street	C. CITY OR	YLAND	utside city limits, write	RURAL and give township)
	AGNES HOSPIT	AL		BAL.	I IMORE	rurol, give location)	5-3/
				422	ELDON	E RD	
5. SEX	6. RACE WHITE		EVER MARRIED DIVORCED (specify)	8. DATE OF 1/24		9. AGE (In years lost birthdoy) 53	If Under 1 Yr. If Under 2 Months Doys Hours
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INdone during most of working life, even if retired)						12. CITIZEN OF WHAT COUNTRY?	
MANAGER MIDWAY ENTERPRI		SE WEST VIRGINIA USA					
	3. FATHER'S NAME						
	BRAHAM		4		PINKS,	MAGGIE	
15. Was Dece (Yes, no or unk	osed Ever in U.S. Armed Fo nown) (If yes, give wor or do	es of service)	6. SOCIAL SECURITY NO.	17. INFORMA			ADDRESS
NO					ES RECO	RDS WILKE	
18.	2011	CAUSE	OF DEATH			ONSET AND DEAT	
DI	SEASE OR CONDITION DI LEADING TO DEATH		with	nu	noards	in Infac	
rise la UNDERL	S OR CONDITIONS, if the abave cause (A) YING CONDITION last.	stating the	(C)	ard	iae	fair	lección
DISEASE	E DEATH BUT NOT REL OR CONDITION CAUSING E OF OPERATION 198, COI		UCH OBERATION	120 4 4 17	OPSY? (Yes or N	all 200 IF wee week	CINDING CONSIDERS
E O	WAS PE	RFORMED	TICH OPERATION	20A. AUI	ONZAL LIES OF IN		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examiner)	21 B. Pr home, etc.)	form, foctory, street,			(If in Baltime	ore City, give exoct focotion)
OF INJU	RY	While		ile 📉	. HOW DID IN	JURY OCCUR?	
		Work	At Work			1966 to 11	197
that X()	tify that (N) (this hospita (we) last sow the deceos rond from the causes sta	ed alive an	11/27	19	66 and 1	hot in (M) (our) of	/2719 pinion death accurred on th
23A. SIGN	Duna	eif.		Itending	Med.	Stoff Phys.	238 DATE SIGNED
	R RAFAEL MAR	IN	M.D	23D. ADDRES	3	PITAL WILK	KENS & CATONAV
24A. BURIAL	CREMATION, 248. DATE		AE of CEMETERY or C		24D, 1		City, town, or county) (S
	RIAL 11/30		OF TRAIL CE	METERY		CLINTONVIL	
25A. DATE R	NOV 3 0 196	25B. NAME OF	REGISTRAR		ARD H. HI		ADDRESS 7 WILKENS AVE. 2

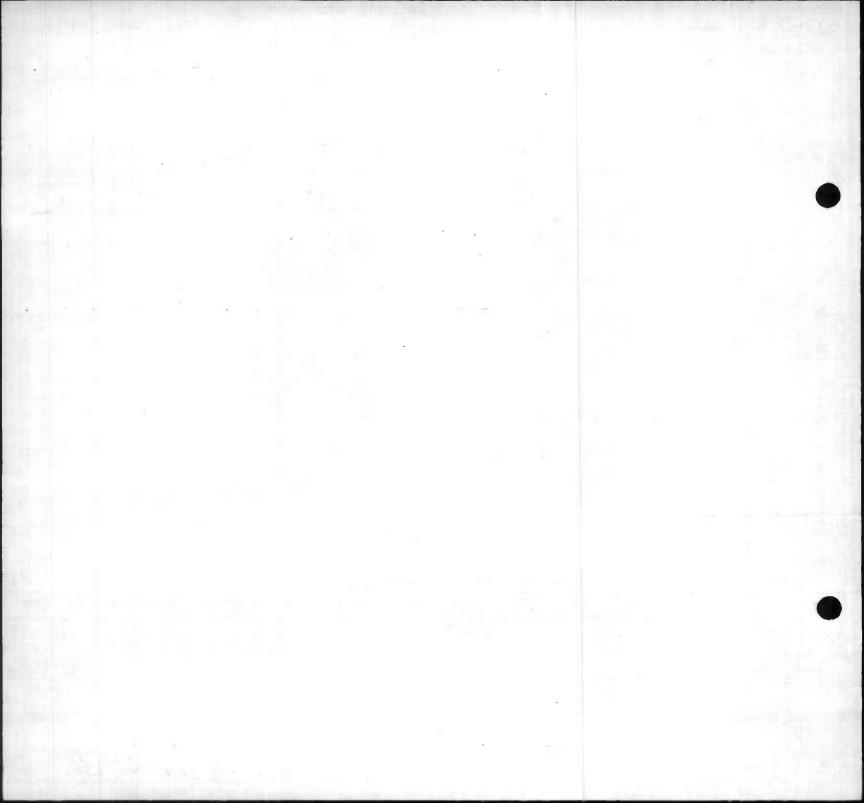
VS 150-REV. 1/1/65

25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAL TO THE PROPERTY OF THE

\$107 WILKENS AVE. 21229

FUNERAL DIRECTOR: IMPORTANT	ORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (2) Deceased	ny kind; (4) Undefermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the W	ed death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	dance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.	or final disposition is made.

00 44000	BALTIMORE CITY	HEALTH DEPARTMENT		(0) 44,000				
BIRTH NO. 66 11972	CERTIFICA	TE OF DEATH	Registered No.	66 11972				
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)		2. DATE	AND HOUR OF DEATH					
Thoma	s W. Jenkins		11/27 - 19					
3. PLACE OF DEATH IN BALTIMORE, MARYL			UNTY	nstitution: residence before admission				
FULL NAME OF (II not in hospital or i HOSPITAL OR oddress or location) INSTITUTION	nsmonan, give sneer		autsido city limits, write	RURAL and give township)				
1/// Time on Manager 2 Tra		D. STREET ADDRESS	Baltimore (If rural, give location)	10 00				
44 Union Memorial Ho	spital	840		•				
Female White	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	5/13 -1903	9. AGE (In years lost birthdoy) 63	II Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.				
10A, USUAL OCCUPATION (Give kind of work 10 done during most of working life, even it retired) Foreman	Balto. City	11. BIRTHPLACE (State or	loreign country)	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME					
Unknown		IInl	known					
15. Was Deceased Ever in U. S. Armod Forces	? 16. SOCIAL	17. INFORMANT	UTTO MIT	ADDRESS				
(Yes, no or unknown) (If yes, give war or dates o	SECURITY NO.		ine W Towlein					
18. //	212-20-3190 CAUSE OF		ine Y. Jenkin	s 840 Powers St.				
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenio, etc. It means the injury or complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any rise to the above couse (A) st UNDERLYING CONDITION last.	ring, e.g., e disease, lath.) (B) AVS DUE TO (B) AVS DUE TO (C)	ite mycae viorcholic Co	dial Juf.	12.				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or	No) 20B, IF YES, WERE	FINDINGS CONSIDERED				
WAS PERFOR			IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., ir hame, lorm, loctory, street, al etc.)	or about 21 C. WHERE DIG fice bldg., INJURY OCCUR	(If in Baltimon	o City, give exact location)				
21 D. TIME (Month) (Doy) (Yeor) (OF INJURY (APPROX.)	Hour) 21E, INJURY OCCURRED While At Not While Work Not Work		INJURY OCCUR?					
	22. I certify that (I) (this boottol) attended the deceased from 1966 to Nov. 27 1966 that (I) (we) lost sow the deceased alive on 1966 and that in (my) (our) opinion death occurred on the date							
	and haur and from the causes stated obove. (1) (We) (and) (did not) view the body after death.							
23A. SIGNATONE 23C. PHYSICIAN'S NAME (Type)	Tasswan Phy:	nding Med. Director 23D. ADDRESS	Stoff Phys.	238. DATE SIGNED / 6 6				
Edward H. Gl		4037	Balls 19.					
24A. BURIAL CREMATION, REMOVAL (Specily)	24C. NAME of CEMETERY OF CRE			ity, town, or county) (State)				
Burial 11/30-66 25A. DATE REC'D BY HEALTH DEPT. 25 NOV 30 1966	St. Marys (Han	10den) 259 FUNERAL DIRECT	Baltimore,	FW36 ADDRESS				
VS 150-REV. 1/1/65	10000	- ()()	701					



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

CC 11070	BALTIMORE CITY	HEALTH DEPARTMENT		66 11070
BIRTH NO. 66 11973	CERTIFICA	TE OF DEATH	Registered Na	00 11373
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)			D HOUR OF DEATH	
Hames Dou	JNey	nov	. 23 - 196	6 1/2.30 P.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		titution: residence before odmission)
FULL NAME OF (If not in hospital or institution address or location)	n, give street	C. CITY OR TOWN (II out	side city limits, write RU	JRAL and give township)
Sol I Have a Has	bital	Baltimos	- œ	53-00
Church Home + Ho:	s for see y	00.0	berly Re	d
Make William WIDOV	VED, DIVORCED (specify)		9. AGE (In Years last birthday)	II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
tÓA, USUAL OCCUPATION (Give kind of work 10B, KIND dane during most of working lite, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or larei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Enter. Chemical Corp /	DI	MaryLan	d.	American
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	ME	
FLMEY DOWNEY		Mary Do	nnally	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of service	16. SOCIAL SECURITY NO.	Mary Do		ADDRESS
1/0	215-07-2791	ELIZABETI	1 Downe	11 Same-
1B. / 7 7 Y	CAUSE O			V INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	2-	4 + 5		ONSET AND DEATH
LEADING TO DEATH	(A) PUL	Cortatie a	acciguin	eg 1
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disease	g., DUE TO			1 /142.
injury or complication which coused death,)	(0)	"worldtie (Porsenson	a ?!
ANTECEDENT CAUSES	DUE TO	000^00000000000000000000000000000000000		
DISEASES OR CONDITIONS, if ony, giving is a lotter obove couse (A) sloting I				
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ING THE			
	R WHICH OPERATION	20A. AUTOPSY? (Yes or Mo	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
198. CONDITION FO WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING			IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	TB. PLACE OF INJURY (e.g., in name, form, foctory, street, of etc.)	ar obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(II in Baltimare	City, give exact location)
	TE. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
₹ (ABBBOY)	While AI Not While AI Work			
22. I certify that (I) (this hospital) attended		25- 9-	1966 to n	or 23 19 66,
that (I) (we) lost saw the deceased alive a	1100 23			ion death occurred an the date
			arin(my/ (aor/ apin	ion death occurred an the gote
and haur and from the causes stated abave.	(I) (me) (ala) (ala nat) v	iew the bady after death.		23B, DATE SIGNED
Chlies	Phy		Stoff Phys.	11-25-66
23C. PHYSICIAN'S NAME (Type) Rewito	Suarey M.D.	Church	Home of	Hoep.
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME OF CEMETERY OF CRE	MATORY 24D. LC	OCATION (City	, town, or county) (State)
BURIAL 11-28-66 (TARDENSOL	FAITH BA	LTIMORI	E /1/D.
25A. DATE REC'D BY HEALTH DEPT DCC 258 NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	1)	ADDRESS
MAN 20 1200 (150	ent c. station 48	3/48/112NA	KACZOROWS	t, 2525 /LEEN

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New-83 Per 66 207 63

7-21-12 59

Mary Donnery

MaryLand American

ELizabeth Donner Same

1			BALTIMORE CITY	HEALTH DEPARTMENT	/	00 44034
BIRT	TH NO. 66 11974		CERTIFICA	TE OF DEATH	Registered Na	66 11974
	AME OF DECEASED		OLICI I TO		ID HOUR OF DEATH	
	e or Print)	MADV	VINCENCINA			5 10 4
3. 1	PLACE OF DEATH IN BALTIMORE, MA	RYLAND	VINCENCINA	11-2	re deceased lived. If in	5:10 A M. stitution; residence before odmission)
11	10			A. STATE B. COUN	TY	
	FULL NAME OF (If not in hospital OSPITAL OR oddress or location		give street	MARYLAND		
	ST. AGNES HOSPITA	\ I			iside city fimits, write R	RURAL and give township)
	CATON & WILKENS A			BALTIMORE,	21228 rurol, give locotion)	53-00
5. 5	BALTIMORE, MD. 21		NEVER MARRIED		PECT AVE.	
J		WIDOWED	DIVORCED (specily)		tost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
163	FEMALE WHITE	WIDOV		11-10-97	69	
	. USUAL OCCUPATION (Give kind of work a during most of working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE	Ho	ME	PENNA.		U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	NICHOLAS DEL	ZING	RO	MARY POCE		
15.	Was Deceased Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	s, no or unknown) (II yes, give wor or dote	s of service)	SECURITY NO.	ST. AGNES HO		
_	UNKNOWN			CATON & WILK	KENS AVE.	
	18-33/XI		CAUSE O	FDEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIR	ECTLY	10 000	manut constan	0	
	(This does not mean the mode of	dvina, e.a.,	(A) DUE TO	idents	x vermus	
	heart failure, asthenia, etc. It means injury or complication which coused	the diseose,	ace	idents		
	ANTECEDENT CAUSES	deom.,				
			DUE TO	007000000000000000000000000000000000000		
	DISEASES OR CONDITIONS, if		(0)			
	UNDERLYING CONDITION lost.			••••••		
_	II					
ATION	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA					
AT	DISEASE OR CONDITION CAUSING I	Т.				
RTIFIC	19A. DATE OF OPERATION 19B. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
123	21 A ACCIDENT WAS UNDERLYING	1010	Brace Co. Harrison	NO		
AL C	OR CONTRIBUTING CAUSE OF	hom	e, lorm, loctory, street, of	fice bldg., INJURY OCCUR?	(II in Boltimore	City, give exoct locotion)
U	DEATH (notify medical examiner)	etc.)				
EDI	21D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S	(APPROX)	Whi	ile At Work			
	22. I certify that (I) (this hospital) attended th	he decensed from	11-11	19 66 ta	11-27 19 66
3	that (I) (we) last saw the decease		11 07	4.4		nion death occurred an the date
					at in(my) (<u>aur)</u> apir	nion deoth occurred an the date
	and hour and from the causes state	ed abave. (1) (We) (did) (did not) v	iew the bady after death.		
	Jan AA RA	desta	M.D. Atte	nding Med.	Stoff	23B. DATE SIGNED
	200000	wew.	Phys	Director _	Phys.	11:27-66
	PHYSICIAN'S NAME (Type)			23D. ADDRESS		
	OHN B.	HERTS	M,D.	ST. AGNES HO	DSPITAL	
244	BURIAL CREMATION, 248. DATE		ME of CEMETERY OF CRE	MATORY 24D. LO	OCATION (Cit	ly, town, or country (Stote)
	1 Sers 0 11-30-	66 (allegal (em.	Ballo.	mid.
25 A	. DATE REC'D BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS
	NOV 00 1000 /	000	a Za Out	2 100 B. 020	0 1	11.
VS	150-REV, 1/1/65	6000	C. NOWEGING	- viny of	ruser A	ones
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Such

death.

on th

attendance

66 11975

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

11-15

M.E. CASE NO.		CERTII	ICATE OF DEATH
1. NAME OF DECEASED (Type of Print)	BERTHA B.		2. DATE AND HOUR OF DEATH November 27, 1966

			210101111001 219		- N
3. PLACE OF DEATH	IN BALTIMORE, MARYLAND	4. USUAL RESID	B. COUNTY	residence befere	edmission)
FULL NAME OF	(If not in hospitel or institution, give street oddress er lecetien)	Maryland			
INSTITUTION	oddress er lecetien)	C. CITY OR TOV	VN (If eutside city limits, write RURAL of	and give tewnship)

Bel Aire House in the Pines 5837 Belair Road

Baltimore 8-01 D. STREET ADDRESS (If rural, give lecetien)

3162 Elmora Avenue

5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Menths! Deys If Under 24 Hrs. WIDOWED, DIVORCED (specify) Heurs lest hirthdey White May 2, 1888 Female Widowed 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Seamstress Shirt Manufacturing Maryland USA

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Brewer Louella Freeland

15. Was Deceased Ever in U. S. Armed Ferces? 17. INFORMANT 1 6. SOCIAL ADDRESS (Yes, ne er unknewn) (If yes, give wer or dates ef service) SECURITY NO.

217 03 6315 Clarence E. Brewer, 820 Powers St 21211 No CAUSE OF DEATH INTERVAL BETWEEN

ONSET AND DEATH (B) Arteriosclerotic cardio-DUE TO Vascular Disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying. hearl failure, asthenio, etc. It means the disease. injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the

UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

ICATION DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in er obout 21C. WHERE DID heme, ferm, foctery, street, effice bldg., INJURY OCCUR? (If in Boltimere City, give exact lecetion) DEATH (netify medical exeminer)

MEDIC 21 D. TIME (Menth) (Dey) (Yeer) (Heur) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX)

At Werk Werk 22. I certify that (I) (this hospital) attended the deceased from....

that (1) (we) lost sow the deceased alive on.... ond that in (my) (aut) opinion death occurred on the date

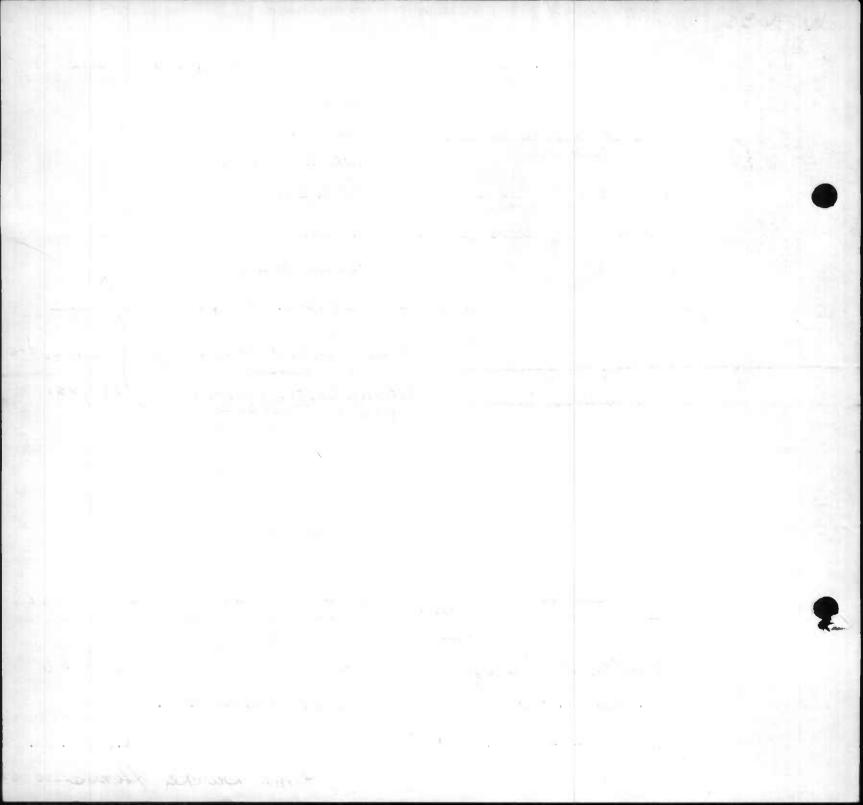
ond haur and from the couses stated above. (1) (Wa) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED Attending 1 11-28-66 M.D. Med. Steff Phys. Director Phys. 23 C. PHYSICIAN'S 23 D. ADDRESS

NAME (Type) 6213 York Road, Balto. Md. Dr. Milton C. Lang

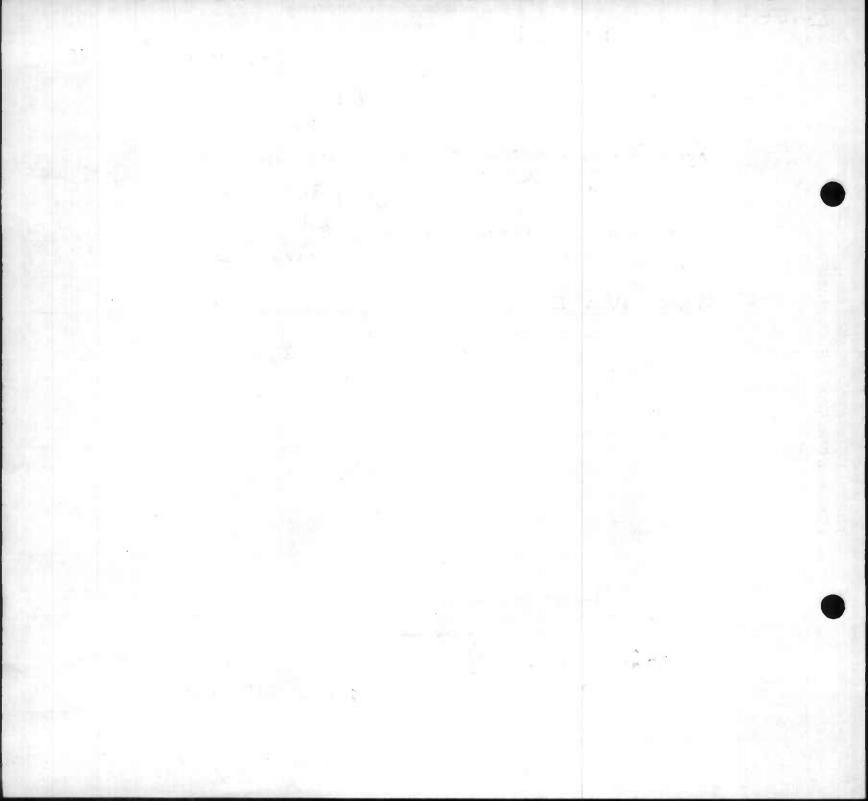
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, tewn, or county)

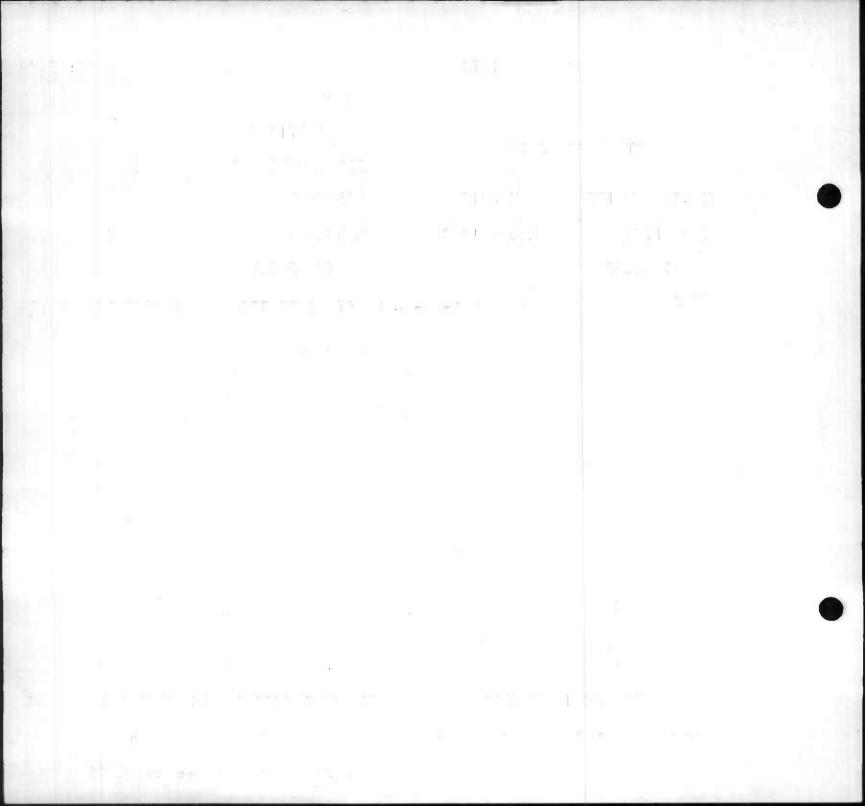
Burial 11-30-66 St. Mary's (Hampden) Roland Ave & 39th St., Balto. Md. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65

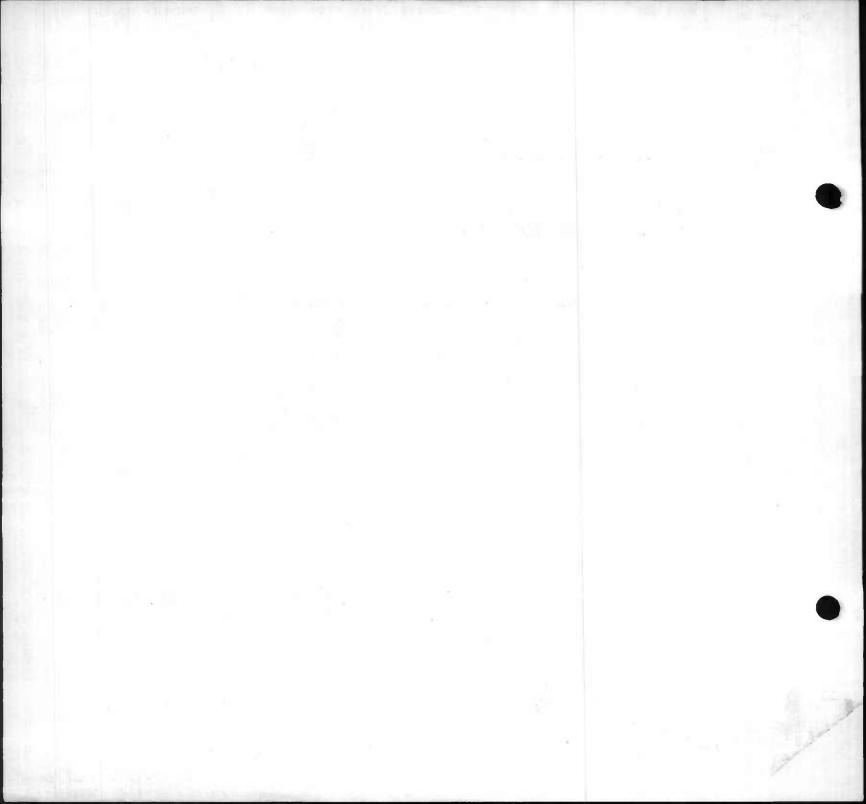


0	0 140	NAO.	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 33000
BIRT	PNO.LLS	9/6	LEWIS CERTIFICA	ATE OF DEATH	Registered Na	66 11976
	CASE NO. AME OF DEC	EASED	4 LEWIS CERTIFICA	2. DATE A	ND HOUR OF DEATH	,,25
		ATH IN BALTIMORE MA	PYLAND	II USUAL RESIDENCE (Wh	0/1100	stitution: residence before admission)
	and of bir	THE OF LETTERS AND A SECOND		A. STATE B. COU	NTY	smonon: residence before damission,
H	ULL NAME O	F (If not in hospital oddress or location	or institution, give street	C. CITY OR TOWN (If o		
11	ISTITUTION			BALTI	WLE	RURAL and aivertownship)
7	17	01			f rurol, give location)	15
1	NOKTH (CUHLLES G	ENERA 160 Spitm	817 Un	ion AVE	
S. S	EX	6. RACE	7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	M	w.	WIDOWED, DIVORCED (specify)	July 9,1900	lost birthday	Months Doy's Hours 14th.
		UPATION (Give kind of work working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLA CE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
done	_	i RED	Postal Service	hd.		71. S. A.
13. 1	ATHER'S NAM		1	14. MOTHER'S MAIDEN NA	AME	
	Joh	in liewis		SARA		
15. V	Vos Deceosod	Ever in U. S. Armed For		17. INFORMANT	,	ADDRESS
V		NWI	216-45-612	Hasi Til	2 Ohus	
-	1B. / / /	7 / 1	CAUSE	OF DEATH	- Warr	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION DI	RECTLY	1 A A	with I	ONSET AND DEATH
	(T):	LEADING TO DEATH	(A)	lake lay	ellory The	leve 1d
	hearl failure,	ol mean the made al osthenia, etc. 11 means	s the disease,	2.	21	
		aplication which caused	10	nococeny	Cer	
		ANTECEDENT CAUSES	DUE TO		* ************************************	• • • • • • • • • • • • • • • • • • •
		OR CONDITIONS, if abave cause (A)				
	UNDERLYING	G CONDITION last.	00000000000			# # # # # # # # # # # # # # # # # # #
z	071150 010111	11		10 7		
ATIO	TO THE D	FICANT CONDITIONS OF EATH BUT NOT RELATED TO CONDITION CAUSING I	ATED TO THE	the pc	-6	
ICA		OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yos or N		INDINGS CONSIDERED
ERTIFIC	2	WAS PER	FORMED	yes	IN CERTIFYING CAL	JSES OF DEATH?
U	21 A. ACCIDEN	NT WAS UNDERLYING DITING CAUSE OF		in or about 21 C. WHERE DID	(If in Boltimore	City, give exect fection)
CA	DEATH (notify	medical examiner	etc.)			
MEDI	21 D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
>	(APPROX.)		While At Not Wh			
	22. I certify	that (I) (th is hospital	t) attended the deceased fram	11-26-	19 6 6 to	11-28-1966
	that (I) (ve)	last saw the decease	ed alive an 11-2 8			nian death occurred an the date
	and hour and	d fram the causes sta	ted abave. (I) (We) (dtd) (dtd mot)			
	3A. SIGNATU		0 11			23B. DATE SIGNED
	Ko	bert ter	Gelia / M.D. A	tending Med. Director	Stoff Phys.	11/28/66
	PHYSICIA NAME (T		SOLD GEIER M.O	23D. ADDRESS W. 30	5th 578.	100
24A	BURIAL CRE		24C. NAME of CEMETERY OF C	REMATORY 24D.	LOCATION (Ci	ty, town, or county) (State)
	BURIE	1 Dec	66 MT Olivet	Cemetery (3Alto Mo	d
25A	DATE REC'D	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	PR (11	ADDRESS
	N(JV 30 1966 (Lest E. Farlagena	BURGEF FO	NERAL HOME	5 ROAD
VS	50-REV. 1/1/	65		J. Wyn.	10. 1 tense	





		00 1100		BALTIMORE CITY	HEALTH DEPARTMENT		CC 11000
BIRT	TH NO.	66 1197	8	CERTIFICA	TE OF DEATH	Registered Na.	66 11978
1. N	AME OF DECEA		ice Cor	rnelius Davis	2. DATE A	ND HOUR OF DEATH 27, 1966	1 9 A M.
3. 1	LACE OF DEAT	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Wh.		nstitution: residence before admission)
- 1	FULL NAME OF HOSPITAL OR NSTITUTION	(II not in hospital oddress or location		give street	Md. C. CITY OR TOWN (If or		RURAL and give township)
		Health Serv Drive & 31s		spital		rural, give lacoffan) rthway Drive	- 25
5. 5	M 6	- RACE		, NEVER MARRIED D, DIVORCED (specify) Married	B. DATE OF BIRTH 9/24/23	9. AGE (In years last birthday) 43	II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
		ATION (Give kind of work orking life, even if retired) nvestigator	1 11	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Va.	eign country)	12. CITIZEN OF WHAT COUNTRY? USA
	FATHER'S NAMI				14. MOTHER'S MAIDEN NA	AME	
	Laouric	e Davis			Mildred E	llis	
15. (Ye	Was Deceased E s, no or unknown) (YES	ver in U. S. Armed Far 11 yes, give war ar date USN 1944-19	s of service)	16. SOCIAL SECURITY NO. 216-14-2381	Records US	PHS Hospital	ADDRESS L, Balto, Md.
NO	(This does no heart laiture, a injury of comp AI DISEASES OF rise to the UNDERLYING	EADING TO DEATH I mean the mode of shenia, etc. II means licotian which caused NTECEDENT CAUSES CONDITIONS, if obave couse (A) CONDITION lost.	the discose death.) ony, giving stoting the	(B)		1 Sancon	20/45-11/276
CERTIFICATION	DISEASE OR C	ATH BUT NOT RELA ONDITION CAUSING I OPERATION 19B. CON WAS PER	T. DITION FOR		20A. AUTOPSY? (Yes or N	10 20B. IF YES, WERE	FINDINGS CONSIDERED
CAL CER	21 A. ACCIDENTOR CONTRIBUTED DEATH (natily to	WAS UNDERLYING CAUSE OF	21 hor etc	me, lorm, foctory, street, ol	n or about 21 C. WHERE DID lince bldg., INJURY OCCUR?	(If in Baltima	re City, give exact location)
MEDI	21 D. TIME OF INJURY (APPROX.)	Manth) (Day) (Year)	w	E. INJURY OCCURRED hile AI Not While ork AI Work	21F. HOW DID IN	JURY OCCUR?	
	22. 1 certify t	hat (1) (this hospita) attended	the deceased from	Sept, 25		ov. 27 1966,
					19 <u>66</u> and to		Inian deoth occurred on the date
0	23A. SIGNATUR 23C. PHYSICIAN NAME (Ty)	ry M. 01	hite	ammo. Atte	ending Med. s. Director 23D. ADDRESS	Staff Phys. K	23B. DATE SIGNED 11/27/66
24	Wal	ter F. Oster			2000	pital, Balto	
25	REMOVAL IS ALL DATE READY		66 13 1258 NAME	OF REGISTRAR	Jalimas 240.	Dalling	gel Miller of Stole)

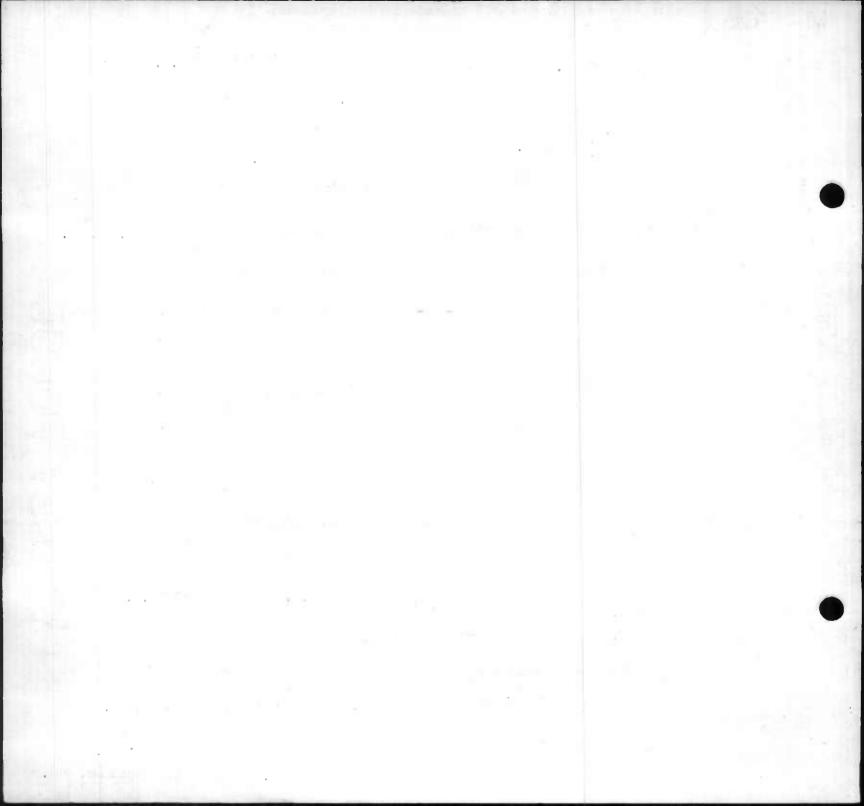


		700 1 1 0 mg		Y HEALTH DEPARTMENT		00 11000		
		66 11979	CERTIFICA	ATE OF DEATH Registered No. 66 11979				
1 NAME OF DECEASED				2. DATE AND HOUR OF DEATH 11/26/66 3:45 A.M.				
Mihm, Melvin E.								
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)				4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admissi A. STATE B. COUNTY Md. Anne Arundel				
HOSPITAL OR oddress or locotion) St. Agnes Hospital			Hospital	c. CITY OR TOWN (If outside city limits, write RURAL ond give township) Riviera Beach,				
Type or Pright hm, Melvin E. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospit Baltimore, Md. 21229 5. SEX M 10A. USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if retired) \$alesman 13. FATHER'S NAME Henry Mihm 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servic Yes 2 nd 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does no) mean the mode of dying, ehear) foilure, osthenia, etc. i) means he disea injury at camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give itse in the obove couse (A) staling UNDERLYING CONDITION las). NOTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 22A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last sow the deceased above and haur and from the causes stated above 23A. SIGNATURE 23C. PHYSICIANS NAME (Type)	Md.	D. STREET ADDRESS 264 Harlem B	(If rurol, give location)					
5. SEX			7. MARRIED, NEVER MARRIED WIDOWED, PIVORCED (specify)	6/25/19	9. AGE (In years last biology)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.		
done d	luring most of w	orking life, even if retired)				12. CITIZEN OF WHAT COUNTRY? U. S. A.		
			19001120010	Maryland 14. MOTHER'S MAIDEN		U. S. A.		
J. FA	THER S ITMM	16		170 MOTHER'S MAIDEN	TAME			
				Lillian	Jones			
S. We	as Deceased	Ever in U. S. Armed Fo	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
				0 0000000	Malam India	a) Aa Abaara		
		2 nd	212-05-956	of DEATH	milum (Wil	e) As Above		
10	7 5	24/2011			- /	ONICET AND DEATH		
			RECTLY	ute Kilmonau	· Edenica			
1			dving e.g. DUE TO	te Myocardia	Cyema			
h	ear) foilure, (osthenia, etc. i) means)he disease,	LA	1-11			
"			death.)	Te Myocardia	I lukareti	o~		
	A	NTECEDENT CAUSES	(B) DUE TO	//	7			
			slating the (C)		******			
-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	41						
Z	THER SIGNIE	II	CONTRIBUTING					
원	THE DE	ATH BUT NOT REL	ATED TO THE					
U 19			NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208 IF YES WERE	FINDINGS CONSIDERED		
1						AUSES OF DEATH?		
H 2	1A. ACCIDEN	T WAS LINDERLYING	218 PLACE OF INTERVIEW	in or about 21 C WHERE DID	(If in Boltime	ve City give exact location		
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office-bldg., INJURY OCCUR?								
Ö	·	medical examiner	etc.)					
		(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?			
>			While At Wark At War					
24	2 1 25 216	Ab-A (1) (Abt- b		1/26 1:25A.M.	3:4	5 A.M. 11/26 1966		
			1) attended the deceosed from	66				
11	hat (1) (we)	last sow the deceas	ed olive on	19and	that in (my) (our) a	pinion death occurred an the c		
a	nd haur and	from the causes sto	ted abave. (1) (MM) (did) (MM)/AMM)	view the bady after deat	th.			
23	A. SIGNATU	RE/	7:01		/	23B. DATE SIGNED		
	11	16 2	M.D. A	tlending Med. hys. Director	Stoff Phys.	11/26/1966		
23	C. PHYSTCIAL	N'S		23D. ADDRESS	, , 117 s. CEL			
		ne)	blo Dibos M.D					
				Jo. Agnes nos				
24A. I	BURIAL CREA	pecify) 248. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D	LOCATION (City, tawn, or county) (State		
_			/66 Baltimore Nat	ional	Baltimore	Md		
	DATE REC'D		25B. NAME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS		
		NOV 30 196	A D BO G TACK ON			en Burnie, Md.		
4		THE REST OF STREET	te a tr temp. Fired . F but the court of	J PS 24 WHICHIEL CO.	1 D 1111 11 11 1	ELL LIBRAGE E & TIVE		

Raymond C. Fink

Glen Burnie, Md.

Burial 11/30/66 Baltimore
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR
NOV 30 1966 A. A. F. E. F. G. VS 150-REV. 1/1/65



and

a hospital

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Such

death.

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prior

or final disposition is made.

on the of death

attendance

25	BALTIMORE CITY HEA
1 NO. 66 11980	CERTIFICATE

BALTIMORE	CITY	HEALTH	DEPARTMENT	

Registered Na.	66	11980

BIRTH NO.	6 11980	CERTIFICA	TE OF DEATH	Registered Na.	00 11:381)
Type or Print)	Harn,	son Slizabeth Ame		AND HOUR OF DEATH	19:42 A.N
FULL NAME (HOSPITAL OR INSTITUTION	Baltimor 4940 Eas	pital or institution, give street	Maryland	f outside city limits, write (If rurol, give location)	Baltimore RURAL and give township)
5. SEX Female	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9-15-1887	9. AGE (In years lost birthdoy) 79	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of	UPATION (Give kind of working life, even if reti	work 108, KIND OF BUSINESS OR INDUSTRY red)	Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	ME	[anni na	14. MOTHER'S MAIDEN	NAME	20

John	Lenning
------	---------

Barbara

ADDRESS

15. Was Deceased Ever in U. S. Armed Forces?		17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	Records: BCH-4940 Eastern Av	enue 21224
170	2133110		

1B, w 6	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) JUBARACHNOID HENDRRHARE	1 1
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)	DUE TO	
ANTECEDENT CAUSES	(B)	wo allow you are a go any a a a late a consideration and a con-
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		

ATIO	TO THE DEATH BUT DISEASE OR CONDITION C	NOT RELATED TO	THE				
ERTIFIC	19A. DATE OF OPERATION	19B. CONDITION F	OR WHICH OPERATION	Yes (Yes or No)	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSID	YES
U	21A. ACCIDENT WAS UND	ERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore City, g	ive exact l	ocotion)

OR CONTRIBUTING DEATH (notify med	CAUSE OF		home, form, etc.)	OF INJURY (e.g factory, street,	. in or obout office bldg.,	INJURY OC	CUR?	(tf in	Boltimore	City,	gi ve	exoc
21 D. TIME (M	inth) (Day) (Y	(Hour)	21 E. INJURY	OCCURRED		21 F. HOW	DID INJURY	O CCUR?				

OF INJURY While At Not While (APPROX.) At Work

18-28 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on. ond that in (my) (our) opinion deoth occurred an the date

causes stated above. (1) (We) (did) (did-bat) view the body after death

and hadrana main me c	A	o, (eld lidt) view the budy dilet dedilis	
23A. SIGNATURE	1.1 1 1		23B. DATE SIGNED
1/2 0//	1111	10-12 — Land	

Attending Phys. Med. Director 11-28-66 23D. ADDRESS

J. Mishelevich M.D. 4940 Eastern Avenue Baltimore Marvland

		, , , , , , , , , , , , , , , , , , , ,	7
A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CREMATORY	24D. LOCATION	(City, town, or county)
REMOVAL (Specify)			,,

REGISTRAR

25C. FUNERAL DIRECTOR

TO CONNELLY SONS SB. NAME OF REGI 300 MACE

VS 150-REV. 1/1/65

MEDICAL

2

hospital

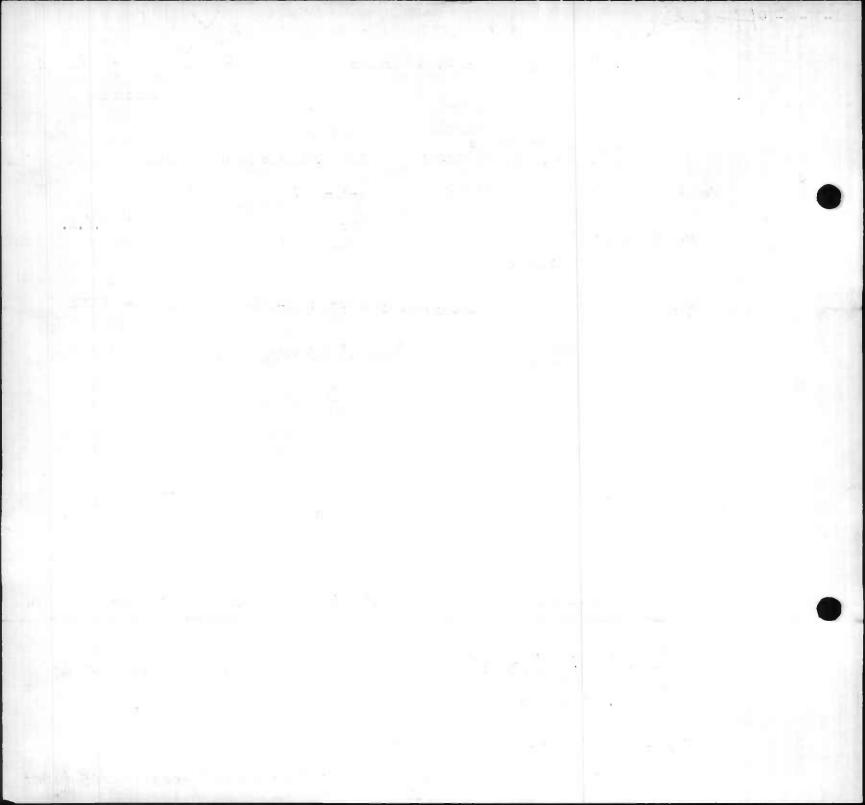
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was D.O.A.

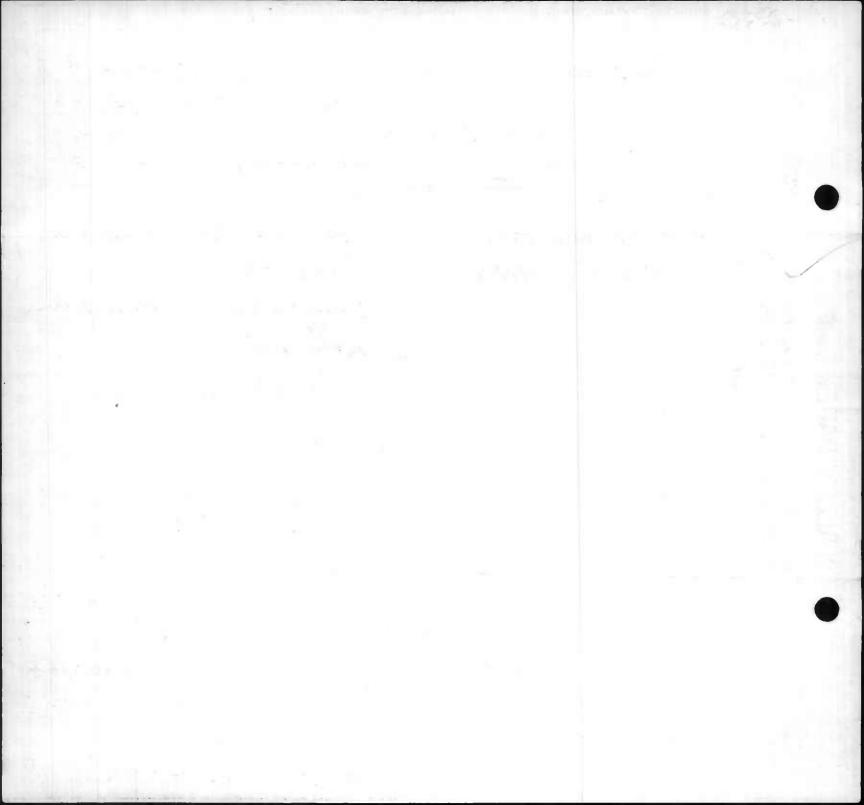
shows: (1)

This certificate must be



	BALTIMORE CITY	HEALTH DEPARTMENT		00 11001
IRTH NO. 66 11981	CERTIFICA	TE OF DEATH	Registered No.	66 11981
Type or Print) Mc GINN Lest 1	EJ		HOUR OF DEATH	166 12:50 p
PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		nstitution: residence before admission
FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR oddress or location) INSTITUTION		C, CITY OR TOWN (If outsi		RURAL and give township)
34 BON SECOURS	Hospilal	D. STREET ADDRESS (If ru	rol, give location)	LTAMONT,
BALTIMONE SEX 6. RACE 7. MARRIED.	17D	210 FLLAMO		VE 25
	NEVER MARRIED		AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10 B. KIND OF lone during most of working life, even if refired)	BUSINESS OR INDUSTRY	BALTIMOR	country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM	- 11/ -	4,011.
S. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown (II yes, give war or dates of service)	1 6. SOCIAL	17. INFORMANT	- WOJ	ADDRESS
es, no or division in the yes, give wor or doles of service?	SECURITY NO.	Jenne Me Ja	m-2100	alternant an
DISEASE OR CONDITION DIRECTLY	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) Con	ups to re bear	Jailer	
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	NO O	0	1	4
ANTECEDENT CAUSES	(B) V LW	unite ant	C Meun	n pears
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) sloting the UNDERLYING CONDITION lost.	(C)		***************************************	
II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	Partial	20B. IF YES, WERE IN CERTIFYING CA	
21A. ACCIDENT WAS UNDERLYING 21B. home of CONTRIBUTING 22B. home of CDEATH (notify medical examiner)	PLACE OF INJURY (e.g., i e, farm, factory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Balthyon	re City, give exact location)
O 21D. TIME (Month) (Day) (Year) (Hour) 21E,	INJURY OCCURRED Le At Work At Work		RY OCCUR?	/
22. I certify that (I) (this haspitol) ottended th		11/2/1	to	1/23 1966
sheet (1) (we) look something decreased all	11/23	19 / G ond that		inion death occurred an the do
that (I) (we) lost saw the deceosed alive on				
ond hour and from the couses stoted obove. (1)	(We) (did) (did not)	view the body ofter deoth.		23B. DATE SIGNED
ond hour and from the couses stoted obove. (I) 23A. SIGNATURE OLICE OLIC OLIC OLIC OLIC OLIC OLICE	M.D. Atte	ending Med. S S. Director P	taff hys.	23B. DATE SIGNED 16
ond hour and from the couses stoted obove. (1)	M.D. Atte	ending Med. S		23B. DATE SIGNED 16 11/23/16 HOSPITAL
ond hour and from the couses stoted obove. (I) 23A. SIGNATURE 23C. PHYSICIAN'S	M.D. AH.Phy ENDOZAM.D.	ending Med. Sector P	LOURS	23B. DATE SIGNED 11/23/16 HOSPITAL ity, town, or county) (Store)

suffet to Cotonwelle, In.



	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 1100
BIRTH NO. 66 11982	CERTIFICA	ATE OF DEATH	Registered Na.	66 11982
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)			D HOUR OF DEATH	, 00
EFIZABEI			14. 23, 1966	6 4
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ID	A. STATE B. COUN	e deceased lived. If insti	tution: residence before admissio
FULL NAME OF (If not in hospital or inst HOSPITAL OR address or location)	itution, give street	C. CITY OR TOWN (If out		RAL and give township)
00 416 DRURY L.	ANE	BALTIM D. STREET ADDRESS (II		28-04
70 416 211 /-			VRY LANE	
() W	DOWED, DIVORCED (specify)	B. DATE OF BIRTH MAY 3, 1873		If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. Medical dome during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEKEEPEK	HONE	H生	>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
PATRICK LACY		ELIZAS	BETH SHE	A
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of s	ervice) 1 6. SOCIAL SECURITY NO.	Myo Wille Bes	ihel-416 A	ADDRESS
18. 16.2.2.1	CAUSE	OF DEATH		- MITERVAL RETWEEN
DISEASE OR CONDITION DIRECTL	Υ	CTERIOSE le		ONSET AND DEATH
LEADING TO DEATH	(A) A1	CIBULIOSCIE	70116	5 91157
(This does not mean the made of dying heart failure, asthenia, etc. It means the d	isease, CAI	rdiounscal	115 h1285/12	e
injury or complication which caused death	• *			
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, rise la lhe abave cause (A) stalir				
UNDERLYING CONDITION Iosi.				
OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO THE		.10	
DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORME	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hor	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work At Wo	k 1		
22. I certify that (1) (this hospital) atte	inded the deceased fram	10/4	19 66 ta	11/23,066
that (I) (we) last saw the deceased ali	11 /77			an death accurred an the de
and have and from the causes stated at	pave. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE VG		ttending Med. Director	Stoff Phys.	11/23/46
23C. PHYSICIAMS NAME (Typ) THOS E 120	Act M.	Tools and the second		Ba210-28-1
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 11-26-66	24C. NAME OF CEMETERY OF C			town, or county) (Stote)
10.4001	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	PAMA	ADDRESS A. ()
VS 150-REV. 1/1/65	wan the streeting	Comey was	my Cola	county mes
/ 3 1:3V=8E Y		~	Name of the last o	

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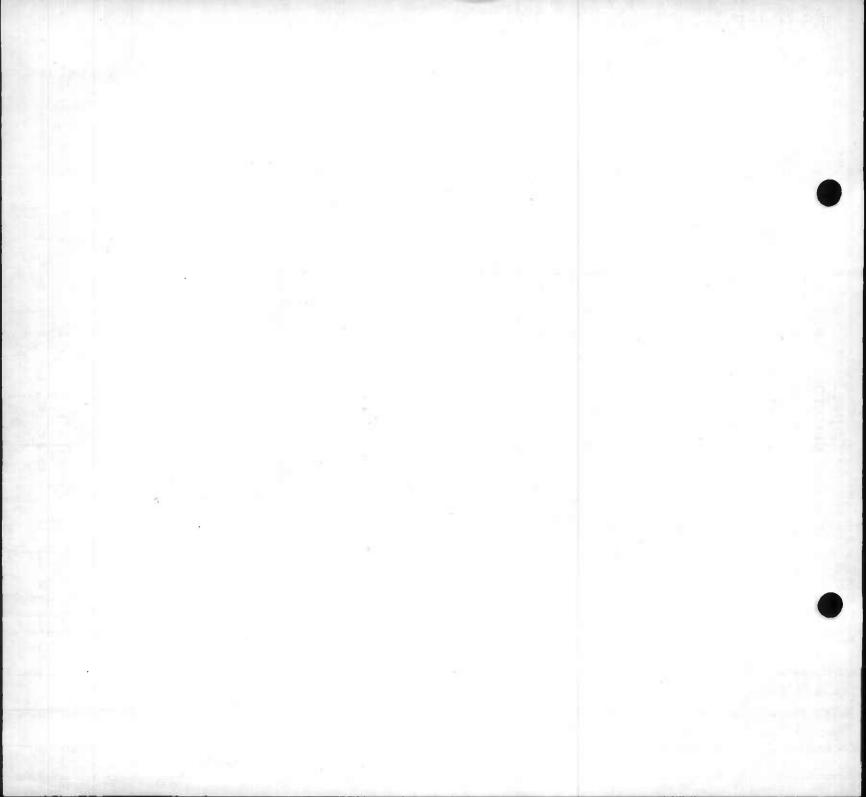
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X HISTORY CARE BARTOLES

10	BALTIMORE CIT	Y HEALTH DEPARTMENT	66 11983
187	BIRTH NO. 66 11983 CERTIFICA	ATE OF DEATH Registered No	33 1100.7
Deceased e on the ath. Such	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) WILLIAM JOHNSON S.	2. DATE AND HOUR OF DEATH	8.25 P.
11 0	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE B. COUNTY MARYLAND	stitution: residence before admission)
se; end to	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write R BALTIMORE, 2	URAL and give township)
_ F _ F	3 JOHNS HOPKINSHOSPITAL	D. STREET ADDRESS (If rurol, give location) SR	•
ermined regular assed p is made	5. SEX NEGRO 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) WIDOWER	B. DATE OF BIRTH 9. AGE (In years lost birthday) 58	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
in dece	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Un vas	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
; (4) h w n th dispo	BERT WOHNSON	RACHEL HOWARD	
T = 0	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service) 16. SOCIAL 5ECURITY NO.	17. INFORMANT	ADDRESS 34 Bellowa am
E 4	18./ 7 7 X CAUSE	OF DEATH	INTERVAL BETWEEN
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20 - 0	heart failure, asthenia, etc. It means the disease,		2/1
frac o p gul	ANTECEDENT CAUSES (B)	Experitory West	36 hs
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Body the nysici re the	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING 221B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (II in Boltimore	INDINGS CONSIDERED USES OF DEATH? City, give exact locohon)
where No pl	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	
natu ept d (6) aine	While At Work Wark At Work	k 🗀]	1
D X K	22. I certify that (1) (this hospital) attended the deceased from	11/11/66 19 10 1/	127/61 19 .
- t-	that (I) (we) lost sow the deceased alive an	19 and that in(my) (our) opln	nion death accurred on the date
. + + -	and haur and from the causes stated above. (1) (We) (did) (did nat)	view the body after death.	
ccident o a hospita to death al must b	23A. SIGNATURE	ttending Med. Stoff	23B. DATE SIGNED
a h to	23C. PHYSICIAN'S	23D. ADDRESS	1//27/68
An a L. at prior	NAME (Type)	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TAI
A P	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C		y, town, or county) (State)
shows: (1) An was D.O.A. at deceased prio	Bural 12/1/66 Kissey J	we. Boring Br	alto. Co. Ned.
shows: was D. deceas	25A. DATE REC'D BY HEALTH DIPT. 25B. NAME OF REGISTRAL	1/M. La Constituen 12-1	701 ME Culldes

JOHN SERGENI JOHNS HOPKINS 24A. BURIAL CREMATION, REMOVAL (Specily) DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) to. Ca. Ned. Servere 12/1 25A. DATE REC'D BY HEALTH DIPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

b 66 11984	BALTIMORE CI	TY HEALTH DEPARTMENT		
0 £	CERTIFIC	ATE OF DEATH	Registered Na	66 11984
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	m	2. DATE AI	ND HOUR OF DEATH	/
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	1/ary.	4. USUAL RESIDENCE (Whe	28-1966 pro deceosed lived. If insti	itutian: rosidonco bolge admissian)
FULL NAME OF (If not in hospital or institution	on, give street	A. STATE B. COUN	1	12-60
HOSPITAL OR oddress or locotion) NSTITUTION	on, give sheer	C. CITY OF TOWN	utside city limits, write RU	RAL and give township
· South Baltimore G		D. STREET ADDRESS (III	timore	2/230.
South Baltimore G 5. SEX 6. RACE 7. MARRI WIDOW	eneral He	so 1511 S	. Charle	c St.
5. SEX 6. RACE 7. MARRI WIDON	IED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND	Married.	RY TI. BIRTHPLACE (Store or fore	56	No CITIVENI OF
done during most of working life, even if retired)		A. TI. DIRITIER CE (STOTE OF TOTE	2)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ONE	14. MOTHER'S MAIDEN NA	oland.	
Joseph Waseley	is Ki	Mase	phine	
15. Was Docoofed Ever in U. S. Armed Forces? (Yes, no ar unknown) (II yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		FAMIL	4 -0 81	NE.
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injury or complication which caused death,) ANTECEDENT CAUSES	(B)	Hyperter	Sien	years
DISEASES OR CONDITIONS, if ony, givi			<i>'</i>	
rise to the above couse (A) stating to UNDERLYING CONDITION last.	ihe (C)			
z II		^ -		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		ascurs		
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	O) 208. IF YES, WERE FIN	IDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.	, in or obout T.C. WHERE DID	(If in Bo)timoro C	City, give exact lacotion)
	home, farm, factory, street, etc.)	office bldg., INJURY OCCUR?		
OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(AFFROX)	While At Not W Work At Wo	rk 🗀		
22. I certify that (*) (this haspital) attended	11 00		17 92.50210	- 28 1966.
and haur and fram the causes stated above			nat In (***********************************	an death accurred an the date
23A, SIGNATURE	. (1) (110) (010) (010 1101)	view the body offer death.	2	3B, DATE SIGNED
K fest of	Down M.D. A	ttending Med. Director	Stoff Phys.	11-29-66
23C. PHYSICIAN'S NAME (Type) Rifat P	boust	23D. ADDRESS	1 0:	
24A. BURIAU CREMATION, 24B. DATE 24C	.NAME of CEMETERY OF C	1/2/3 des	OCATION SE,	town, or county) (State)
REMOVAL (Specily)	Balto 1	Yas,	& Sael	taidle/
25A. DATE REC'D BY HEALTH DEPT 258. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	3 4	ADDRESS
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	ne chief medical examiner or his assistant if death occurred in a hos	by a medical examiner. Also, if the direct or contributing cause	ermined c
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FUNERAL DIRECTOR: IMPORTANT	xaminer	aminer.	A fractur
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BALTIMORE CITY HEALTH DEPARTMENT 66 11985 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) NOVEMBER 24, 1966 3:00 P.M. M

4. USUAL RESIDENCE (Where deceased lived, If institution: residence belore admission)
A, STATE
B. COUNTY FORTMANN, CHARLES HENRY
3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE FULL NAME OF (If not in haspitol or institution, gradiess or lacotion)
INSTITUTION VETERANS ADMINISTRATION HOSPITAL

RATEN ROHIEVARD MARYTAND CECIL C. CITY OR TOWN (II outside city limits, write RURAL and give township) ELKTON D. STREET ADDRESS (If rural, give location BALTIMORE, MARYLAND 21218 38 CHESTNUT DRIVE disposition is made II Under 1 Yr. Manths: Days 9. AGE (In years If Under 24 Hrs. 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH Hours WIDOWED, DIVORCED (specify) last birthday) MALE CAUCASIAN MARRIED 8-10-14 5 IGA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most at warking life, even if retired) U.S.A. HOUSEKEEPING V.A. HOSPITAL PENNSYLVANIA 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ELIZABETH WALTER ERNEST B. FORTMANN 5. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL or final SECURITY NO VA HOSPITAL RECORDS 6-30-44 TO 12-31-45 160-03-05-94 BALTIMORE, MARYLAND 21218 YES CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DIFFUSE OBSTRUCTIVE EMPHYSEMA DISEASE OR CONDITION DIRECTLY YEARS embaimed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury at complication which caused death.) ANTECEDENT CAUSES the remains are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CHRONIC BRONCHITIS YEARS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE GASTRO-INTESTINAL HEMORRHAGE YEARS DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? YES YES before 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in at about 21C. WHERE DID hame, larm, foctory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) obtained (Hour) 21F. HOW DID INJURY OCCUR? 21 D. TIME (Month) (Day) (Year) 21 E. INJURY OCCURRED OF INJURY Not While (APPROX.) At Work 22. I certify that \$1) (this haspital) attended the deceased from SEPTEMBER 19 19 66 to NOVEMBER 24 that (1) (we) lost sow the deceased alive on NOVEMBER 24 19 66 ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did) fight) view the body after death. must 23B. DATE SIGNED 23A. SIGNATURE M.D. Attending Med. Phys. 11/25/66 Director approval 23C. PHYSICIAN NAME (Typ 23D. ADDRESS V.A. HOSPITAL BALTIMORE. MD deceased written ap 24C. NAME of CEMETERY or CREMATORY (City, town, or county)

ROBERT K. BRAWLEY REMOVAL (Specify) 11/28/66 Baltimore National DEPT. | 258. NAME OF REGISTRAR | 2285 Baltamore Co 25A. DATE REC'D BY HEALTH DEPT. Wm. Johnson 8521 Lock Raven Blvd. Tari : Dr. a. Et la Timori militari . varittar er in the Martin Martin of the Land Control of the Land THE WALL ALL

VS 150-REV. 1/1/85

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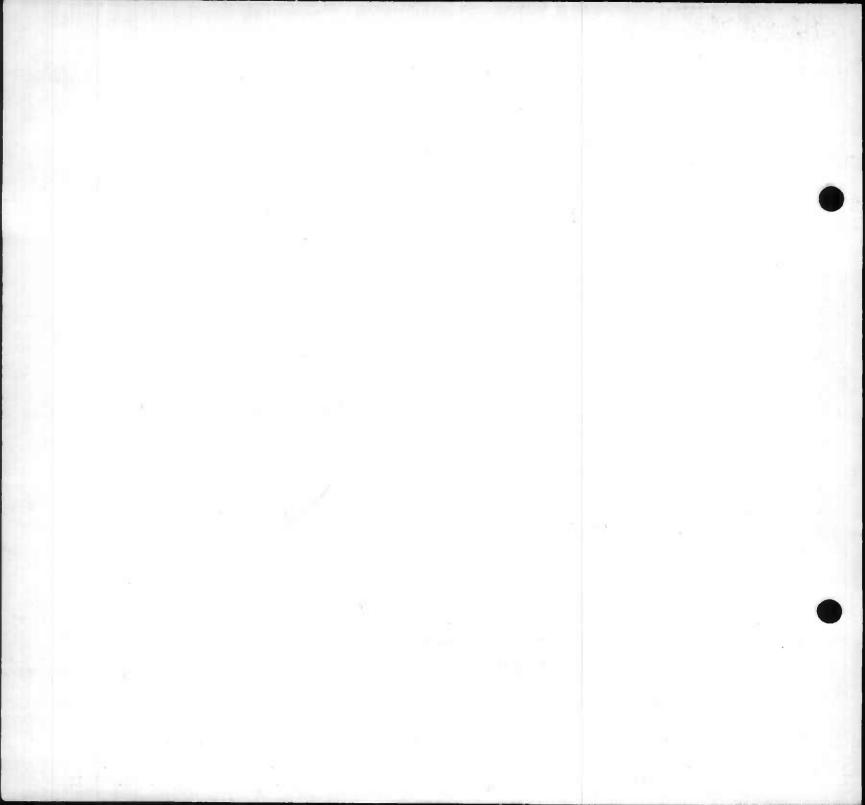
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3000	BALTIMORE CITY HEALTH DEPARTMENT
BIRT	HYNO. 66 11966 CERTIFICATE OF DEATH Registered No. 65 11
1, N	E. CASE NO. 2. DATE AND HOUR OF DEATH 2. DATE AND HOU
Тур	pe or Print) Mrs Adele K. Kennedy 11/28/66 7 P.M
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decoosed lived. If institution: residence before B. COUNTY
	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location) Way Jand. C. CITY OR TOWN (If outside city limits, write RURAL and give township)
1 . 7	NSTITUTION WISH BURNER OF THE
17	BON SECOURS HOSP. D. STREET ADDRESS (If rurol, give location)
	311 Fkhester Que
5, S	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr. If Un
	F WIDOWED, DIVORCED (specify) 12/10/79 lost birthdoy), Manths Days Hours
10A.	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of faroign country) 12, CITIZEN OF
done	what country?
12	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
3.	O
2.5	Una Deceased Ever in U. S. Armed Forces? / 16. SOCIAL 17. INFORMANT NTADOR ADDRESS
(Yos	s, no or unknown (If yos, give wer or detes of service) SECURITY NO.
	Elizabeth Herbig (Nizzz) Same
	18.4 CAUSE OF DEATH INTERVAL BET ONSET AND
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (A) Myolandial dust one (disease)
	(This daes nat mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,
	injury or complication which coused death.)
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving
	UNDERLYING CONDITION last.
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
CAT	DISEASE OR CONDITION CAUSING IT.
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location
AL O	OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner) DEATH (notify
U	The state of the s
	OF INJURY
	(APPROX.)
	22. I certify that (1) (this hospital) attended the deceased from MOD: 25 1966 to MOD. 28
	that (1) (we) last saw the deceased alive an November 38 19 66 and that in (my) (our) apinian death accurred a
	and have and from the causes stated above. (1) (We) (did) (did nat) view the body after death.
	23A. SIGNATURE 23B. DATE SIGNED
	HILAN IGAAAA M.D. Attending Med. Stoff
	Phys. Director Phys. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS
	NAME (Typo) HIIN KIM
244	110017
24,4	A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)
	Burial DEC 1,1966 New Cathedral Cemetery Baltimore, Md.
25A	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ENGENIE X. Seitz 5209 York Rd.
11	Engentia A. Doloz Jeog fork Rd.

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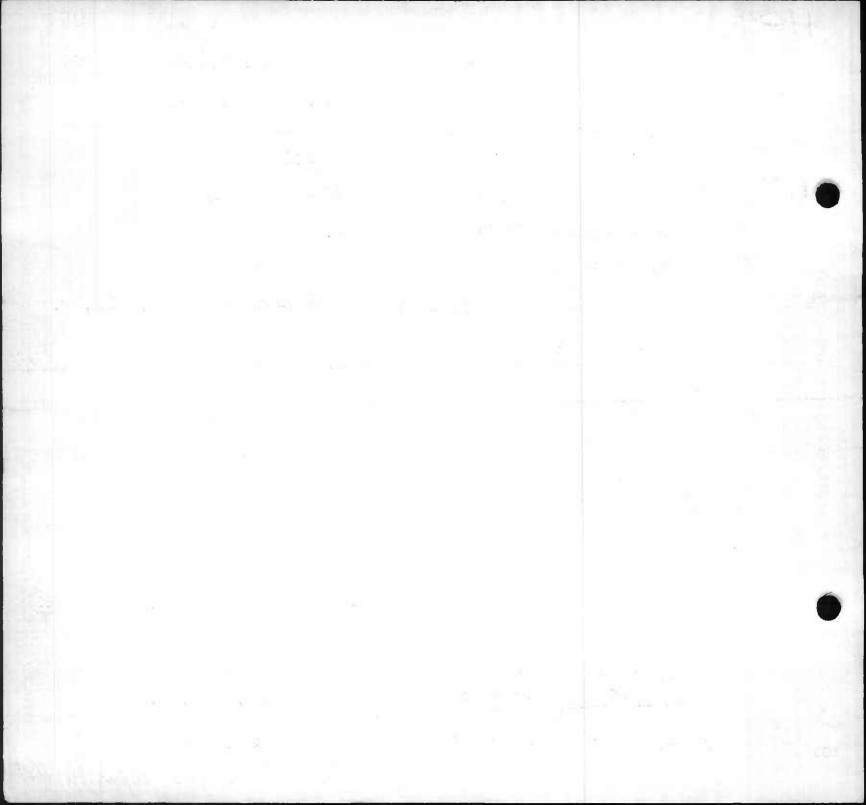
Eugenia K. Seitz 5209 York Rd.
Seitz Funeral Home Balto. Md. 21212



DATE AND ROUND FORATH ROPE OF PAIR ROPE OF PAIR IN BATTMAGE MARTIAND FILL MANK OF (if and in heapful or institution, give sheet HOUPILL) Condensor rockets of institution, give sheet HOUPILL OCCUPY. HOUPILL OCCUPATION (If and in heapful or institution, give sheet HOUPILL OCCUPATION) WE Public Health Service Hospital Wyman Pk. Drive & 31st St. See AACE W MARRIED HOUPILL OCCUPATION (If and in heapful or institution, give sheet Houpill or institution) BOX 322. SEE AACE W MARRIED HOUPILL OCCUPATION (If and in heapful or institution, give sheet Houpill occupation) BOX 322. SEE AACE W MARRIED HOUPILL OCCUPATION (If and in heapful or institution, give sheet Houpill occupation) BOX 322. SEE AACE W MARRIED HOUPILL OCCUPATION (If and in heapful or institution) BOX 322. SEE AACE W MARRIED HOUPILL OCCUPATION (If and in heapful or institution) BOX 322. SEE AACE W MARRIED HOUPILL OCCUPATION (If and in heapful or institution) BOX 322. SEE AACE W MARRIED HOUPILL OCCUPATION (If and in heapful or institution) BOX 322. SEE AACE W MARRIED HOUPILL OCCUPATION (If and in heapful or institution) BOX 322. SEE AACE W MARRIED HOUPILL OCCUPATION (If and in heapful or institution) BOX 322. SEE AACE W MARRIED HOUPILL OCCUPATION (If and in heapful or institution) BOX 322. SEE AACE W MARRIED HOUPILL OCCUPATION (If and in heapful or institution) BOX 322. SEE AACE W MARRIED HOUPILL OCCUPATION (If and in heapful or institution) BOX 322. SEE AACE W MARRIED HOUPILL OCCUPATION (If and in heapful or institution) BOX 322. SEE AACE W MARRIED HOUPILL OCCUPATION (If and in heapful or institution) BOX 322. SEE AACE W MARRIED HOUPILL OCCUPATION (If and in heapful occupation) BOX 322. SEE AACE W MARRIED HOUPILL OCCUPATION (If and in heapful occupation) BOX 322. SEE AACE W MARRIED HOUPILL OCCUPATION (If and in heapful occupation) BOX 322. SEE AACE W MARRIED HOUPILL OCCUPATION (If and in heapful occupation) BOX 323. SORATE HOUPILL OCCUPATION (If and in heapful occupation) BOX 324. BOX 325. BOX 325. BOX 325. BOX	BIRTH NO.	66 1	11987	,				F DEATI		Registered N	oU	0 11	987	7
FULL NAME OF MODIFIAL OR WILL SAME DESCRIPTION OF STREET ADDRESS. US Public Health Service Hospital Wyman Pk. Drive & 31st St. S. SEK	I. NAME OF	DECEASED	onald R	oy Hea	ton			2. DAT	Nov.	27, 196	тн 6	9	:30	A
Wyman Pk. Drive & 31st St. 5. SER Wyman Pk. Drive & 31st St. 5. SER No. Bacc Whove Drive Byte Married Widowed Drive Byte Married Widowed Drive Byte Married No. USUAL OCCUPATION (Give lind of wear look and arrived widowed byte Married No. USUAL OCCUPATION (Give lind of wear look and arrived widowed byte Married No. USUAL OCCUPATION (Give lind of wear look and arrived widowed byte Married No. USUAL OCCUPATION (Give lind of wear look and arrived widowed byte Married Byte Married No. USUAL OCCUPATION (Give lind of wear look and arrived byte Married Byte Byte Married Byte Married Byte Married Byte Byte Married Byte Married Byte Byte Byte Byte Married Byte Byte Byte Byte Byte Byte Byte Byte	FULL NA/ HOSPITAL INSTITUTIO	AE OF (If not i OR oddress	in hospitol or s or location)	institution, g			A. STATE	Pa. OR TOWN (OUNTY If outside					mission
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ADDRESS Pa. Pa. Pa. Pa. Pa.	5. SEX	6. RACE	W 7.	WIDOWED	, DIVORCED	RRIED (specify)			9. A lost	GE (In years birthday)	If Und Months	ler 1 Yr. Doys H	If Under Hours	24 Hrs Min.
15. WED. December & Security No. 15. Wes. December & Security No. 15. Wes. December & Security No. 16. Social Secu	done during m	st of working life, eve	en if retired)						foreign (country)		HAT COU		
No N							14. MOT			olomon				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliure, astheria, etc.) Ill moons the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving inse to the obave cause (A) stating the UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEA	(Yes, no or unk	osed Ever in U. S. nown) (If yes, give	Armed Force	s? of service)	SECURIT				US F	PHS Hosp	ital,			
DA. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED. 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED WAS PERFORMED WAS PERFORMED WAS PERFORMED. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID NOCH WE WAS PERFORMED WAS PERFORMED. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID NOCH WE WAS PERFORMED. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID NOCH WE WAS PERFORMED. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID NOCH WE WAS PERFORMED. 21D. TIME (Month) DID NURY OCCUR? 21D. DID NURY OC	DISEASI	ANTECEDENT S OR CONDITION The abave conving CONDITION SIGNIFICANT CONDITION E DEATH BUT	T CAUSES ONS, if an ause (A) s N last.	eath.) sy, giving the NTRIBUTING	3									> + + + + + + + + + + + + + + + + + + +
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended the deceased fram Jan. 28. 1966 to Nov. 27. 19 that (I) (we) lost saw the deceased alive an Nov. 27. 19 66 and that in (my) (our) opinion death occurred on and hour and from the causes stated above. (I) (We) (did) (did	21A. AC OR CON	E OF OPERATION CIDENT WAS UND TRIBUTING CAU	19B. CONDI WAS PERFO DERLYING JSE OF	RMED 21B.	PLACE OF I			ye	es "	yes	CAUSES OF	DEATH?		
ond hour ond from the causes stoted above. (I) (We) (did) (did) (old) (view the body ofter death. 23A. SIGNATURE Amedian Stoff Phys.	21 D. TIM OF INJU (APPROX	E (Month) (De RY)) rtify that (I) (this	s hospitol)	(Hour) 21 E, Whi Wor	INJURY OC	Not Whi At Work	Jan.	28	19 (6to]				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) BURIAL (Specify) 11-30-66 ACKLAND CEMETERY TOWER Hill, PA	ond hou 23A, SIG	r and from the co		d above. (! White		M.D. All	ending 23D. ADD	Med. Director	Sto Phy	ff s.	23 B, D	ATE SIGNE	D	
	24A. BURIAL REMON			TECITI	(H)									

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VS 150-REV. 1/1/65



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained helong the contraction of the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

6	6 11988		HEALTH DEPARTMENT		55 11,00
MRTH NO. M.E. CASE NO.	0 11000	CERTIFICA	TE OF DEATH	Registered No.	00 11000
1. NAME OF DECEASED	BROOKS, MY	RTLE ELIZABET		BER 28, 196	6 3:05P
3. PLACE OF DEATH IN BA	LTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If institut	ion: residence before admission
FULL NAME OF (IF F HOSPITAL OR odd	nat in hospital or institut ress ar location)	ion, give street	MARYLAND C. CITY OR TOWN (If outs	ide city limits, write RURA	L ond, give township)
	. AGNES HO	SPITAL	BALTIMORE D. STREET ADDRESS (If re	ural, give lacation)	04
			401 ANNABELL	F AVF 2122	5
5. SEX 6. RACE FEMALE WHI	WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH 9	ost birthdoy)	Under 1 Yr. If Under 24 Hrs.
done during most of working life,	even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country) 12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	AE .	0,0,
GUY LOWMAN			RODELLA NEWT	ON	
15. Was Deceased Ever in U.	S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no ar unknown) (If yes, gi	IONE	SECURITY NO.	ST. AGNES HO	SPITAL RECO	RBS
		e.g., DUE TO	remaine of the	liver	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITION OF THE PROPERTY OF THE P	ENT CAUSES OITIONS, if any, gi cause (A) stating	ving			
OTHER SIGNIFICANT C TO THE DEATH BU DISEASE OR CONDITIO	T NOT RELATED TO				
19A. DATE OF OPERATIO		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
OR CONTRIBUTING C DEATH (notify medical e	NDERLYING AUSE OF	21B. PLACE OF INJURY (e.g., in home, larm, factory, street, of etc.)	or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Baltimore City	y, give exact location)
21D. TIME OF INJURY (APPROX.)	(Day) (Year) (Hour)	21E. INJURY OCCURRED While At Not While Work Not Work			
	the deceased alive	MOVEMBED 28	19 66 ond the		death occurred on the dat
23A. SIGNATURE	4 Bolo TV	M.D. Atte	nding Med.		DATE SIGNED
23 C. PHYSICIAN'S NAME (Type)	HERTS, M.	Phy:	ST. AGNES HOS		1/28/66 #29 ILKENS AVES.
	24B. DATE 24	C. NAME of CEMETERY of CRE	MATORY 24D. LO	CATION (City, to	own, or county) (State)
BURIAL	12/2/66	GLEN HAVEN CEME	MEDN .	LEN BURNIE, M	

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1966

On M.B

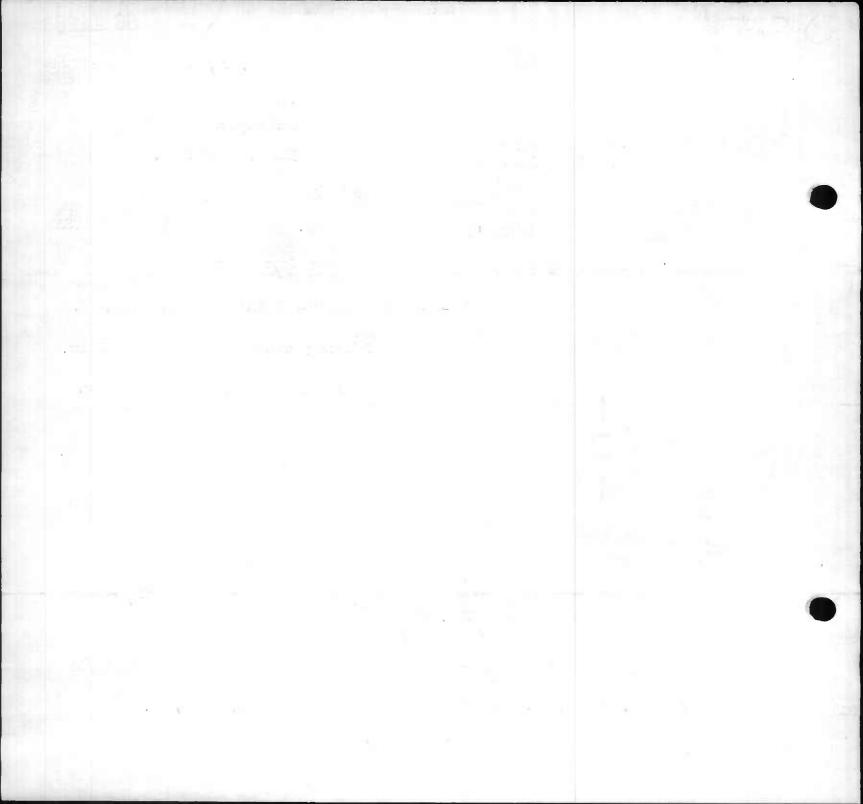
McCully Funeral Home 237 Patapsco Ave.

Caremania of the lives

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FUNERAL DIRECTOR: IMPORTANT	pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death and nature (2) Rody hums: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	(except where the physician who pronounced death was in regular attendance on the sand (6) No physician was in regular attendance on the deceased prior to death. Such as obtained before the remains are embalmed or final disposition is made.
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RGB	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death chows. (1) An accident of any nature. (2) Rody huma. (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased.	was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.
	E >5	O P B
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	e b	ds pce
	투투속	303

			BALTIMORE CITY	HEALTH DEPARTMENT	\-	00 440
M.E.	TH NO. 66 11985	9	CERTIFICA	TE OF DEATH	Registered Na	66 11989
	AME OF DECEASED Pe or Print) Na	omiaJohn	son		v. 27, 1966	10:29 P
3. PI	LACE OF DEATH IN BALTIMORE,	MARYLAND			re deceased lived, if ins	citation: residence before admission
H	FULL NAME OF (If not in hospi HOSPITAL OR oddress or loce NSTITUTION	tal or institution, etion)	give street	c. CITY OR TOWN (15 ow Washi:	tside city limits, write R	URAL and give township)
	US Public Health Wyman Pk . Drive			D. STREET ADDRESS 314 E	rurol, give locotion) . Capitol St	•
5. \$1	EX 6. RACE	WIDOWE	, NEVER MARRIED D, DIVORCED (specify) ingle		9. AGE (In years lost birthdoy) 25	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of ve during most of working life, even if retire Clerk	vork 10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRYS
13. F	FATHER'S NAME Ernest John	son		14. MOTHER'S MAIDEN NAME NAME NAME NAME NAME NAME NAME NA		
5. V Yes,	Wos Deceased Ever in U. S. Armed s, no or unknown) (II yes, give wor or c	Forces? lotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		406-50-5585	Records- US P	HS Hospital,	
	DISEASE OR CONDITION LEADING TO DEA		CAUSE O	Pulmonary edema	1	interval between onset and death
ATION	DISEASES OR CONDITIONS, rise la lhe abave cause (. UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R	if any, giving A) stating the CONTRIBUTING ELATED TO T	(C)			
			WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	G 21 ho	me, lorm, foctory, street, o	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
2	21D. TIME (Month) (Doy) (Ye OF INJURY (APPROX.)	w	hile At Not Whi		JURY OCCUR?	
	22. I certify that (I) this hospithat (I) (we) last saw the dece	ased alive an	Nov. 27	19 66 and th	,	Nov. 27 19 66 nian death accurred an the d
	23A. FIGNATURE	1 h	,,,,,,			23B, DATE SIGNED
	James E. Tay 23C PHYSICIANS (NAME (Type)	la Jr. 1	M.D. Att	ending Med. pirector 23D. ADDRESS	Stoll Phys.	11/28/66
	James E. Taylor,	Jr. Sr.		OD IID HOSPIC	al, Balto, N	ſd.
24A	REMOVAL (Specify) 248, DATE	24C. N	AME of CEMETERY OF CR	REMATORY 24D. L	OCATION (Cit	y, town, or county) (State
	Burial 12.2 DATE REC'D BY HEALTH DEPT.	25B. NAME	elvey Cemete	25C. FUNERAL DIRECTOR		ntucky ADDRESS
		Plobel	r.E. Jarber, M.A	bee Funer	1 Home.300	.4th st N E
√5 Ì	150-REV. 1/1/65			**		



00 11990	AL EVALUEDIC CE	DTIFICATE C	NE DEATH.	66 1199
	AL EXAMINER'S CE	RIFICATE	IF DEATH Register	ed No.
M.E. CASE NO.		In DAY	E AND HOUR PRONOUNCED	DEAD
1. NAME OF DECEASED	C Cohottman	2. 041		
WILDER L 3. PLACE IN BALTIMORE, MARYLAND, WHER	G. Schattner	4. USUAL RESIDENCE (V	11/26/6	
		A. STATE Mary	land B. COUN	utian: residence befare admissian NTY
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION INSTITUTION	OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (IF	autside carparate limits, write	RURAL and give township)
INSTITUTION		Bal. 1	timore 2/-	11
00		D. STREET ADDRESS (II	rural, give lacation	
3303 Clyde St.		33	303 Clyde St.	
5. SEX 6. RACE 7. I	MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.
male white	DOWED, DIVORCED (specify) NEVER MARRIED	2-22-19	18 48	Manths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B		11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
dane during most of warking life, even if retired)				WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Martin			Sauter	
15. WAS DECEASED EVER IN U.S. ARMED FO		17. INFORMANT	Sauter	ADDRESS
(Yes, na arunknawn) (If yes, give war ar dates af	214-18-0254	Charles I	hatting	1213 Mund
		OF DEATH	14000.40	INTERVAL BETWEEN
5 9 9 1 1				ONSET AND DEATH
DISEASE OR CONDITION DIREC LEADING TO DEATH	Purule	ent peritonit	ĹS	
(This daes not mean the made of dy heart failure, asthenia, etc. It means the	ing, e.g., DUE TO	•••••••		
injury ar camplication which caused death	h.)			
ANTECEDENT CAUSES	(R) Ruptur	ce of gastric-	-peptic ulcer	
DISEASES OR CONDITIONS, IF ANY,	GIVING DUE TO		**************************************	
UNDERLYING CONDITION LAST.	(C)			
Õ. II	(0 / 1)			
OTHER SIGNIFICANT CONDITIONS CO				
TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITI	ON FOR WHICH OPERATION MED	20A. AUTOPSY? (Yes o	IN CERTIFYING CAUSE	
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B, PLACE OF INJURY (e.g., i hame, lam, factory, street, a etc.)	n ar about 21C. WHERE I	DID (If in Baltimare City, give	e exact location) .
3	(Haur) 21 E. INJURY OCCURRED	21 F. HOW DIE	NJURY OCCUR?	
(APPROX.)	m. WHILE AT NOT NOT NOT WORK	WHILE ORK		
22.		ork 🔲 artial		
1 certify that I held on Inqu	iry Inspection Aut	opsy X and that	on this bosis, deoth in my	y opinion
resulted from: Notural cause	s X Accident Suicide	Homicide _	Undetermined monner	
1	16-11		L EXAMINER	DATE SIGNED
SIGNATURE William	M. Z M.D.	ASSISTANT MEDICA	L EXAMINER	
EXAMINER'S	U. Spitz, M.D.	ASSOCIATE MEDICA	percent	11/26/66
23A, BURIAL CREMATION, 23B, DATE	23C. NAME OF CEMETERY O	CREMATORY	23D. LOCATION (City,	tawn, ar caunty) (State)

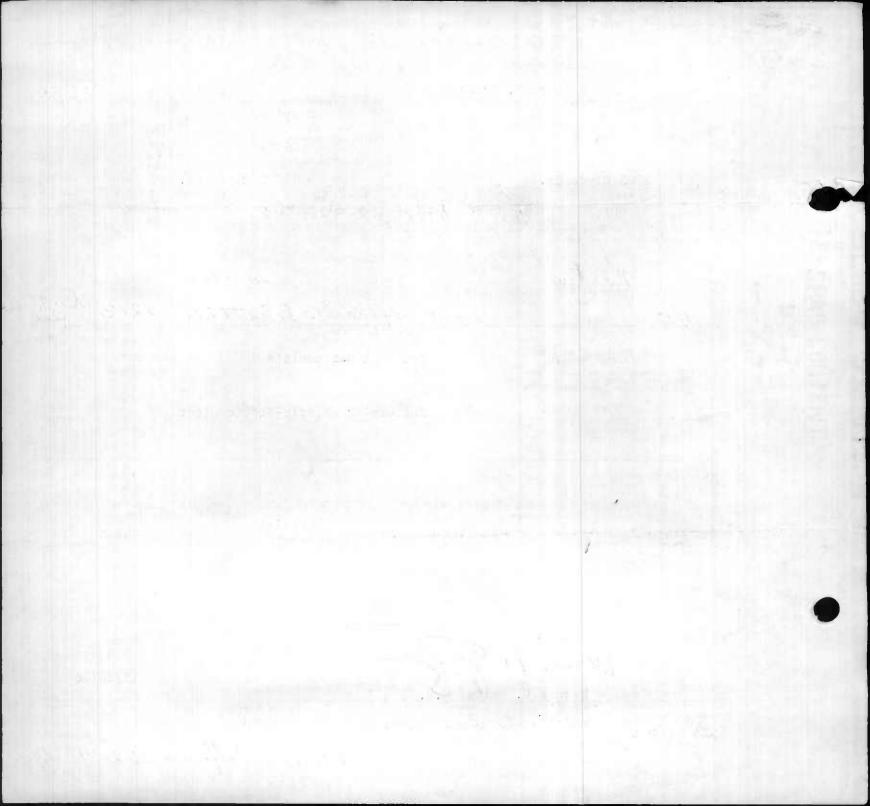
11-29-1966 Oak Lawn 248, NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

ADDRESS

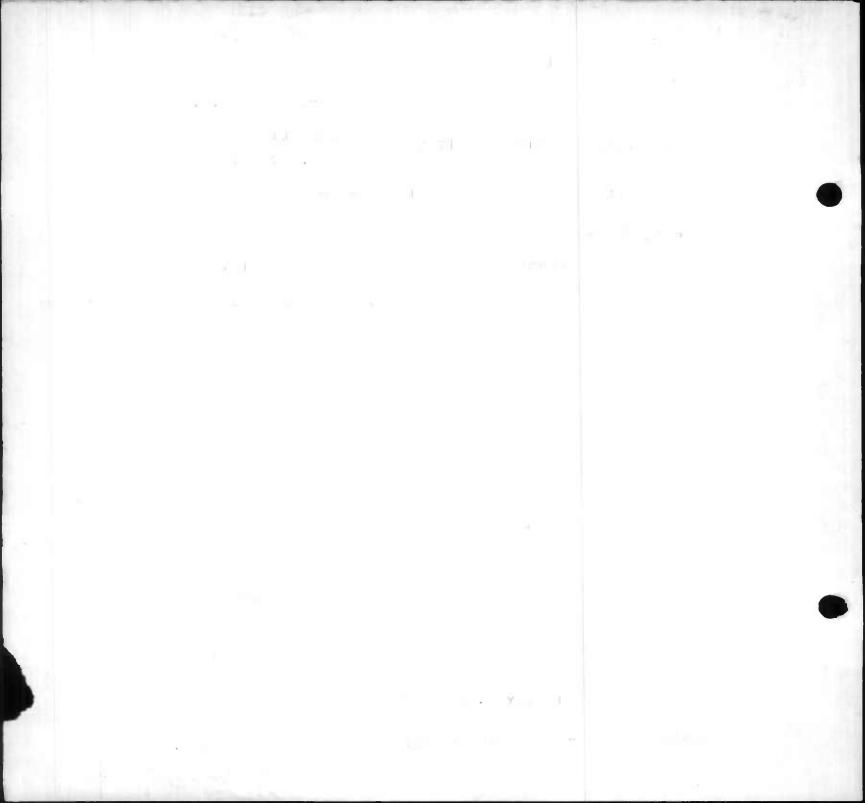
ma

3218 Hudson



VS 150-REV. 1/1/65

BALTI	IMORE CITY HEALTH DEPARTMENT	00 44003
ыктн но. 66 11991 СЕК	TIFICATE OF DEATH Registered	d No. 66 11991
M.E. CASE NO.	2. DATE AND HOUR OF D	DEATH
(Type or Print) SOPHIE ADAMS	Nov. 27	1966 6:20 A N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed live	ed. Il institution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street	MARYLAND (A.A.	. co.)
HOSPITAL OR address or location) INSTITUTION	C, CITY OR TOWN (If autside city limits,	The state of the s
33 THE JOHNS HOPKINS HOSPITA	ANNAPOLIS D. STREET ADDRESS (If rurol, give locoti	(4)
THE JOHNS HUPKINS HUSPITA	74 E. STREET	10(1)
5. SEX 6. RACE 7. MARRIED, NEVER MAR	RRIED R. DATE OF RIPTH 9 AGE (In veg	ors If Under 1 Yr. , If Under 24 Hrs.
FEMALE COLORED WIDOWED, DIVORCED		Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS Of done during most of working life, even if retired)	R INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Kitchen Helper	Md	4,8,4.
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME	
GEORGE Adams	MARY HARRIS.	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na or unknown) (II yes, give wor or dates of service)	17. INFORMANT	ADDRESS
(Yes, na or unknown) (II yes, give wor or dotes of service) SECURIT	Walter Haste 34-Flee	etst Annapolia Md
18./ (8.3)	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	(A) Pulmonary Embels	10 days
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	
injury ar camplication which caused death.)	Seatil the who has able but	7
ANTECEDENT CAUSES	(B) Septic thrombophlebites DUE TO (C) Abscess of buttoches +(B)	
DISEASES OR CONDITIONS, if any, giving	abscess of buttoches +(15	thigh 4 ness.
UNDERLYING CONDITION last.		
_		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	enal failure, broncho	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER		J
WAS PERFORMED	IN CERTIFYIN	NG CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF I	NJURY (e.g., in or obout 2 C. WHERE DID (If in E	Boltimore City, give exact lacation)
OR CONTRIBUTING CAUSE OF home, form, factor of DEATH (notify medical examiner)	ory, street, affice bldg., INJURY OCCUR?	
O 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OC	CURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While At	Not While	
W SIR	At Work	1/11/27 12/1
22. I certify that (1) (This haspital) attended the decease		
that (I) (we) lost sow the deceased alive on NO1/	,	pr/ opinion death occurred on the dot
ond haur and from the couses stated above. (1) (We) (did)	(did not) view the body ofter death.	LOOP DAYS SIGNED
23A. SIGNATURE	M.D. Attending Med. Stoff	23B. DATE SIGNED
Jungly J. / Stishies	Frys. Director Phys	Nov. 27, 1966
TIMOTHY J. GAR	DNE RAD.	
REMOVAL (Specily)	AETERY OF CREMATORY 24D, LOCATION	(City, town, or caunty) (Stote)
Burial I2-2-66 Brewer H		is.Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL	R 125C. FUNERAL DIRECTOR	ADDRESS (
MILL OR 1200 CARON S.	Co Ann to Do	10 11 - 1 Jana MIV



	ятн No. 66 11992	CERTIFICA	TE OF DEATH	Registered No.	66 11992
1. (T	LE CASE NO. NAME OF DECEASED PLACE OF DEATH IN BALTIMORE MARYLAND	TERESA V.	ETORIH 1	D HOUR OF DEATH 12866 e deceosed lived. If institu	1 9 20 A M.
	FULL NAME OF (II not in hospitol or institut HOSPITAL OR oddress or locotion)		MARVLAND C. CITY OR TOWN (11 OUT BALTIM	side city limits, write RUR	L on give township)
417	-UNION MEMORIA	LHOSPITAL	D. STREET ADDRESS (IF	ELAIR RO	A D
	WIDO WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify) LVORED	B. DATE OF BIRTH	9. AGE (In years If M	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	NA USUAL OCCUPATION (Give kind of work 108, RIN one during most of working life, even if retired) HOUSE WIFE FATHERS NAME	D OF BUSINESS OR INDUSTRY	MARYLA	ND	2. CITIZEN OF WHAT COUNTRY?
	TAMES WINI	1 6- SOCIAL	MARGAR		ERLEIN
(Y	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give war ar dates of serv		Margaret Me 7803 Nashus	elick a Circle	ADDRESS
- 11	DISEASE OR CONDITION DIRECTLY		OF DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying,	(A) DUE TO	erebral Her	nowhay	40 hours
	heart failure, asthenia, etc. It means the disc injury or complication which coused death.) ANTECEDENT CAUSES	(B)	ASVD		(
	DISEASES OR CONDITIONS, if ony, girise to the above couse (A) stoling UNDERLYING CONDITION lost.	•			
MOLEV	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			90	
o Title	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
1	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	n or obout 21 C. WHERE DID Ince bidg., INJURY OCCUR?	(II in Boltimore Ci	ty, give exoct locotion)
	21D. TIME (Month) (Doy) (Yeo) (Hou) (APPROX)	21 E. INJURY OCCURRED While At Not Whi Work At Work	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive	an 11/27	19 66 and th	1966 to 1 ot in(my) (aur) apinio	1/28 1966
2	and haur and from the causes stated above	/e. (I) (We) (did) (did not)	view the bady ofter death.	23	B, DATE SIGNED
5	W. Sofusson	Phy	ending Med. Vs. Director 23D. ADDRESS	Stoff Phy s.	11/28'66
2	M. PETURSSON	M.D.	UNION M	EMORIAL	HOSPITAL
	REMOVAL (Specify)	IC. NAME of CEMETERY of CR		OCATION (City,	town, or county) (Stote)
2.	- 44 T 44 T	New Cathedral ME OF REGISTRAR	Cem. Bal	Ltimore, Md.	ADDRESS
	MOV 3 0 1966 (R.)	2. B. E. FallegMA		4101 Edmonds	on Ave.
1/1	S 150-PEV 1/1/65		iller ook		

MARYLAND

MARGARET DEDERLENT

JAMES WINN

MARGARET DEDERLENT

MARGARET DEDERLENT

Cerebral Hermorlugy 450 hamis

1/27 66

W OZERNITER M

ANION MEMORIAL HOSPITAL

O.

11/28

19 82/11

ec 11000	BALTIMORE CITY	HEALTH DEPARTME	ENT	00 11000
5. 66 11993	CERTIFICA	TE OF DEA	TH Registered No.	66 11993
M.E. CASE NO. 1. NAME OF DECEASED	-7		ATE AND HOUR OF DEATH	
(Type or Print) WILLIAM	LA HRENZ	T	11-282	66 12:45A
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENC	E (Where deceased lived. If in	stitution: residence before admissio
FULL NAME OF (If not in haspital or institution, gr	ve street	MD.	SACTIME (If outside city limits, write	ORE
HOSPITAL OR address ar lacotian) INSTITUTION				and the same of th
34 Bon Secours Ho	spital	DALTIM D. STREET ADDRESS	(If rurol, give location)	228 53-00
BOILE	1		OCKWELL .	Aur
S. SEX 6. RACE / 7. MARRIED, 1		B. DATE OF BIRTH	9. AGE (In years	
A A WIDOWED,	DIVORCED (specify)	8-31-19	900 lost birthdoy	If Under 1 Yr. If Under 24 Hr Manths Doys Haurs Min.
				12. CITIZEN OF WHAT COUNTRY?
	Estate		e, Maryland	MSH
3. FATHER'S NAME		14. MOTHER'S MAID		
WILLIAM ZAhrer	ndt	Magda	lena Gut	hrie
5. Was Deceased Ever in U. S. Armed Forces? Yes, na or unknawn) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT L	ena Zahrendt	ADDRESS
	215-09-0725	(CHART)	1926 Rockwell	Ave.
18. 2 - 1 X I 7 5 8 1 1	CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	\wedge	0	14 (
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A)	luo Mary	ablecian +	
heart failure, asthenia, etc. It means the disease,	501.10		born cles prien un	ture
injury or complication which caused death.) ANTECEDENT CAUSES	(8)	besity (a	Ablectaris + horn cleopnensus low 320 lbs)	
DISEASES OR CONDITIONS, if any, giving	DUE TO	1		**************************************
rise to the above cause (A) stating the	(C)			uni mapan qua d a u u a a a a a a a a a ma a a ana a a a a a
UNDERLYING CONDITION lost,				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Lain	mec's.	C	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		C	inhoris	
19A. DATE OF OPERATION 198. CONDITION FOR W	HICH OPERATION	20 A. AUTO SY? (Ye	s or No) 208, IF YES, WERE	FINDINGS CONSIDERED
11-23-66 GI. Ble	eding	YES	2	7
OR CONTRIBUTING CAUSE OF	PLACE OF INJURY (e.g., in , form, foctory, street, of	i or obout 21C. WHERE fice bldg., INJURY OC	DID (If in Bolitalian	e City, give exact location)
DEATH (notify medical examiner) etc.)				
U OF INJURY	INJURY OCCURRED		DID INJURY OCCUR?	
(APPROX.) Work				,
22. I certify that (I) (this hospital) attended the	e deceased from	7 November	e 1966 to 28	November 19 66
that (1) (we) last saw the deceased olive on		19	ond that in(my) (aur) opi	nion death occurred an the de
ond haur ond from the couses stated above. (1)	(We) (did) (did not) v	iew the body ofter o	deoth.	
23A. SIGNATURE		are la		23B. DATE SIGNED
VIGOTFO OF de fle	M.D. Atte	nding Med. Directo	r Phys.	11-28-66
NAME (Type)	M.D.	Bon See	cours Hospita	1 2665 15 7
24A. BURIAL CREMATION, 24B. DATE 24C. NAI REMOVAL (Specify)	ME of CEMETERY of CRE			ity, tawn, or county) (State)
	arkwood Cem.		Baltimore, Md	
Burial 12-1-66 F 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DI		ADDRESS

D - 1011 Thermore the C-0 1 569 S Brook & Se ma ... W The section of 1 23 EE W 19 My marked RC I'm water F398-11 X Don Decours to prontplate word

RAITIMODE	CITY	HEALTH	DEPARTMENT
DALIMORE	CILI	UCALIL	DELAKIWELA

BIRTH NO.	66 11994	CERT	TIFICA	TE OF DEATH	Registered Na	. 66 11994
1. NAME OF	DECEASED	URY LAWSO	, , ,		AND HOUR OF DEATH	H R 1960 1 35 PM. institution: residence before admission)
FULL NA HOSPITAL	F DEATH IN BALTIMORE, N ME OF (If not in hospite OR oddress or local	ARYLAND of or institution, give street		Marylan	d	institution: residence before admission)
	imore City Hos	pitals		Baltimo		
4940 Balt	Eastern Ave.	d # 21224		D. STREET ADDRESS 1630 N.		1202
S. SEX Male	6. RACE Negro	7. MARRIED, NEVER MARR WIDOWED, DIVORCED (Married		B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		ork 108. KIND OF BUSINESS OR	INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
CAR.	PORTER,	n. 170 ma. QV/F	UTORS	Virgini	a.	U.S.A.
13. FATHER	NAME	THUEST	0,0,13	14. MOTHER'S MAIDEN	NAME	1
Je	ohn			Mary		
15. Was Dec	eased Ever in U. S. Armed I	orces? 1 6. SOCIAL SECURITY		17. INFORMANT		ADDRESS # 21224
NO.	, ,	228-1		BCH: Records	4940 Eastern	Ave. Baltimore, Md.
1B.	2 2 X I		CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH
C	ISEASE OR CONDITION DEAT	DIRECTLY	G	RCINOMA O	1	
DISEAS	oes not meen the mode pillure, osthenio, etc. It mee or complication which cous ANTECEDENT CAUS SES OR CONDITIONS, it of the above couse (ARLYING CONDITION lost.	ns the disease, ed death.) ES (B ony, giving	3) DUE TO			
≧ TO TI	SIGNIFICANT CONDITIONS HE DEATH BUT NOT RE SE OR CONDITION CAUSING	LATED TO THE				
	TE OF OPERATION 198. CO	ONDITION FOR WHICH OPERA	TION	20A. AUTOPSY? (Yes o		E FINDINGS CONSIDERED AUSES OF DEATH?
OR COL	CIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notify medical examiner)	218. PLACE OF IN home, form, foctor etc.)	IJURY (e.g., in ry, street, of	n or obout 21C. WHERE DIT fice bidg., INJURY OCCUR	O (It in Baltime	are City, give exact facotion)
OF INJU	JRY	While At Work	Not White At Work	e —	INJURY OCCUR?	
that (1)	(we) last saw the decea	sed alive an 19 NOVE tated abave. (1) (We) (did)	EMAG! 2	19 \(\(\) \(\) and	that in (my) (aur) o	1 NO JEST BEP 1966, pinian death accurred an the date
	NATURE	0			···-	23 B. DATE SIGNED
1	Daniel W.	Foate	Phy		Staff Phys.	19 NOVEMBER, 19
23C.PH	YSICIAN'S .ME (Type)			Baltimore C	ity Hospitals	3
	aniel D. Foote		M.D.	4940 Easter	n Ave. Baltir	more, Maryland #2122
	VAL (Specify) 24B. DATE	24C. NAME OF GEME	TERY OF CRE	MATORY 241	LOCATION (City, town, or county) (State)

11-29 H DEPT.

OF 6 6 25B. PATTE

VS 150-REV. 1/1/65

REC'D



D.O.A. deceased

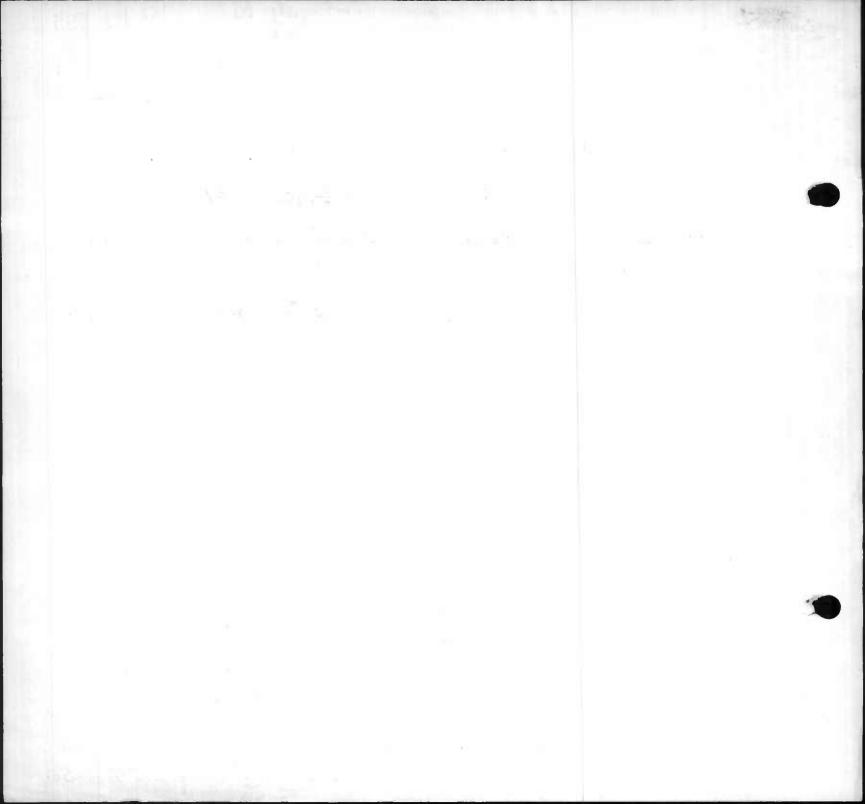
Was

the body

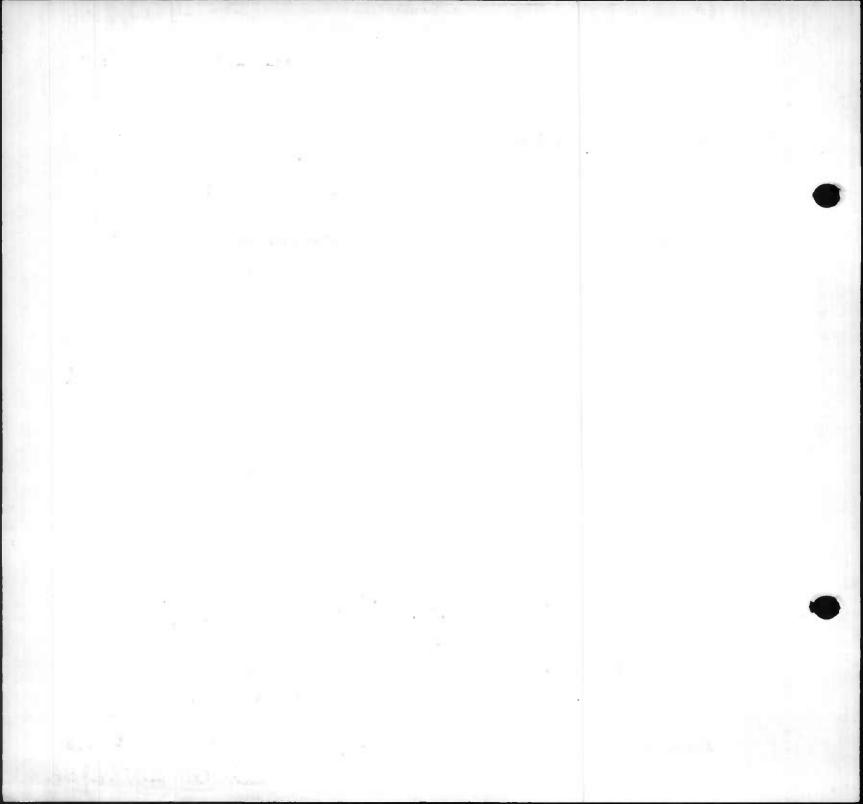
shows:

BALTIMORE CITY HEALTH DEPARTMENT 66 11995 Registered No. BIRTH NO. CERTIFICATE OF DEATH Such and Deceased M.E. CASE NO. deat I. NAME OF DECEASED 2. DATE AND HOUR, OF DEATH (Type or Print) HO CLARA JOHNSON hospital death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before attendance B. COUNTY cause; (5) cause MARYLAND FULL NAME OF (If not in hospital or institution, give street oddress or location) HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION 0 BALTIMORE, deceased prior JOHNS HOPKINS HOSPITAL contributing CHASE (4) Undetermined disposition is made. in regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys WIDOWED. DIVORCED (specify) Hours FEMALE NEGRO 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) deat DOMESTIC 13. FATHERS NAME At kome DZNSVIIC VA 21.51 MOS the irect assistant if JAMES LINDSEY BETTY CLARK IMPORTANT death LO 5. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance E. SNOWDEN 2021 E. Cha any 18. pronounced NTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not meon the made of dying, e.g., heart failure, asthenio, etc. 11 means the disease, examiner regular FUNERAL DIRECTOR: injury or camplication which coused death.) who ANTECEDENT CAUSES DUE TO are 4 DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stating the physician remains UNDERLYING CONDITION tost. the chief medical burns; MOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the Body 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED 9A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) where the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before (2) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) the hospital °Z DEATH (notify medical examiner etc.) any nature; MEDIC. obtained 9 (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? paroved (except While At Not While (APPROX) and Work At Work 22. I certify that (1) (this haspital) attended the deceased from death); pe that (1) (we) lost sow the deceased alive on.... 40 hospital and hour and from the couses stated above. (1) (We) (did) (dld not) view the body after death. must accident 23A. SIGNATUR 23B. DATE SIGNED Attending Phys. Med. M.D. 0 Director 0 23C. PHYSICIAN'S 23 D. ADDRESS prior Was ŧ An

If Under 24 Hrs. approval NAME (Type) 24A. BURIAL CREMATION. REMOVAL (Specify written 25B. NAME OF REGISTRAR andold Ceolick 24-31 E. Cliven St. VS 150-REV. 1/1/65



	00 1100		BALTIMORE CIT	Y HEALTH DEPARTMENT	r	66 11996
	TH NO. 66 11996)	CERTIFICA	ATE OF DEATH	Registered N	0.
1.1	NAME OF DECEASED	enry T	homas Key		-27-66	4:10 a M.
3.	PLACE OF DEATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE		f institution: residence before admission)
	FULL NAME OF (If not in hosp HOSPITAL OR oddiess or loc	oitol or institutio	on, give street	MARYLAND		8-07
	HOSPITAL OR oddiess or loc INSTITUTION	cotion)		C. CITY OR TOWN (III	f outside city limits, writ	le RURAL and give township)
J	ohns Hopkins Ho	spital		D. STREET ADDRESS	(If iural, give location)	age may
				2026 E. B	IDDLE STRE	.t.l
5.	SEXM 6. RACE		ED, NEVER MARRIED WED, DIVORCED (specify)	3-27-3 3	9. AGE (In eois	Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of ne during most of working life, even if retir		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	odd Jobs		3	LUMBERTON 14. MOTHER'S MAIDEN	. N.C.	Z. S. A.
13.	FATHER'S NAME					
	THERMAN KEY			LETTIE W	ALTERS	
15. (Ye	Was Deceased Ever in U. S. Armed s, no oi unknown) (If yes, give woi oi	forces? dotes of service	e) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
L,	No		NONE	Lettie Mac	Thomas 20	15 E. Biddle St.
	1B. /		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA		Bila	ateral lower	lobe pneu	monia 2 weeks
	(This does not mean the mode heart failure, asthenia, etc. II me			#####################################		
	injury ar complication which cou					
	ANTECEDENT CAU		DUE TO	######################################		
	DISEASES OR CONDITIONS,					
	UNDERLYING CONDITION Iosl.		the (C)			., нин мони о в нет пт оо обостовно остовно остовно остовно от по остовно от по от мисто
MOIT	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSIN	RELATED TO	TING Lymphoe	pithelioma o	f tonsils	
CERTIFICATIO	19A. DATE OF OPERATION 198.		DR WHICH OPERATION	20A. AUTOPSY? (Yes o		RE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)			in or obout 21 C. WHERE DIE office bldg., INJURY OCCUR		note City, give exact locotion)
MEDI	21 D. TIME (Month) (Doy) (Y.	eoi) (Hour)	21E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
2	(APPROX.)		While At Not Wh			
	22. I certify that (I) (this hasp	ital) ottende	d the deceased from 1.	1.25	166 10 I	1.26 1966
	that (I) (we) lost saw the dece	osed alive a	11.26.66	19and	d that in (my) (our) a	pinian death occurred an the date
	ond haur and from the couses	stated above	. (1) (We) (did) (did not)	view the body ofter dea	th.	
	23A, SIGNATURE		1 -		S. #	23B, DATE SIGNED
	Cour M.	cum	slow Pi	ttending Med. Director	Stoff Phy s.	
	NAMROBERT M.	Winslow	M.D	Johns Hopk:	ins Hospita	al
24/	A. BURIAL CREMATION, 24B. DATE	24C	NAME of CEMETERY OF C	REMATORY 24E	LOCATION	(City, town, or county) (State)
1	34 21 11-20	-66 M	t. CalvanvI	PMPTPINY D	WNO Anu	dal Co Md.
25/	A DATE REC'D BY HEALTH DEPT.	0 0 0	LE OF REGISTRAR	25C. FUNERAL DIREC	TOR D	del Co. Md.
	NOV 30 196	D Violes	D.C. Yoursey	Kandolek	collick 243	EOTiver St.
VS	150-REV. 1/1/65			7		



VS 150-REV. 1/1/65

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5152		BALT	TIMORE CITY	HEALTH DEPARTMEN	IT	10 6000
BIRTH NO.	66 11997	CEI	RTIFICA	TE OF DEAT	H Registered N	o. 66 11997
M.E. CASE NO.	CEASED			2. DA1	E AND HOUR OF DEAT	TH
Type or Print)		Evans (Evan	ns)		1/29/66	4:40 A
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE A. STATE B. C	(Where deceased lived, II	f institution: residence before admission
FULL NAME O	OF (If not in hospital oddress or location	or institution, give street		Maryland		/- 01
INSTITUTION						te RURAL and give township)
0				Baltimore D. STREET ADDRESS	(If rurol, give location)	0.0-10
The Jo	hns Hopkins	Hospital		3315 East	t Monument	Street
SEX	6. RACE	7. MARRIED, NEVER MA		8, DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
Male	White	Single	, S (Speed)	8/18/92	74	
	UPATION (Give kind of work working life, even if retired)	108, KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
_		Copper wor	olea	Swansea.	South Wale	U. S. A.
FATHER'S NA	ME	- oobbet wor	'K.S	14. MOTHER'S MAIDEN	NAME	
Hen	rv r			Margaret	t Hinische	
. Was Docoused		rces? 16. SOCIAL	L ITY NO.	17. INFORMANT	1260110	ADDRESS
No	None		01-917)	Mrs. Ethe	7 Passa and 0.0	35 W
18.	X		CAUSE O		1 Duncan 33	TO THYERVAP BETWEEN
DISEA	SE OR CONDITION DI	RECTLY	_		1 1	ONSET AND DEATH
	LEADING TO DEATH		(A) (A)	rinomes AU	e luna	
	not meon the mode of , osthenio, etc. 11 meons		DUE TO	0	/	
	mplication which coused			•	U	
	ANTECEDENT CAUSES		(B)	**********************************		
DISEASES	OR CONDITIONS, if	ony, giving	DOE TO			
	ne obove couse (A)	stoling the	(C)	*****		
UNDERLIIN	G CONDITION lost.					
OTHER SIGN	III	ONTRIBUTING	v	- 1		
E TO THE D	CONDITION CAUSING	ATED TO THE	herana.	Exteris AC	TA Sundan	
19A. DATE OF	F OPERATION 198. CON	IDITION FOR WHICH OPE	RATION	20A. AUTOPSY? (Yes	or No) 20B. IF YES, WEI	RE FINDINGS CONSIDERED
19A. DATE OF	WAS PER	FORMED		New	- IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDE	ENT WAS UNDERLYING UTING CAUSE OF	21B. PLACE OF	INJURY (e.g., i	or obout 2) C. WHERE D	OID (If in Boltin	nore City, give exoct locotion)
C DEATH (notify	y medical exominer	etc.)	ctory, street, o	fice bldg., MIJURY OCCL	J K?	
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJURY O	CCURRED	21 F. HOW DI	D INJURY OCCUR?	
OF INJURY		While At	Not Whil	е		
TAPPROZ/		Work	At Work	100/		120/1
		I) attended the decease	1	0/28/66		11/29/66 19
that (I) (we) last saw the decease	d alive an 11/	29/66	19aı	nd that in (my) (aur) o	ppinian death accurred an the da
and haur an	nd fram the causes sta	ted abave. (I) (We) (did	d) (did nat) v	iew the bady after de	eath.	
23A. SIGNATI		/				23B. DATE SIGNED
1/1	1 Jana	t un	M.D. Atte	ending Med.	Stoff Phys.	11/20/11
23C. PHI SICI	AN'S V	4, 710		23D. ADDRESS		11/27/66
MAME (Typel		M.D.		Translador - TT	
	n Sergent	24C. NAME of CEN			Hopkins Ho	
REMOVAL	(Specify)	240. NAME OF CEN	VILLENI OF CK	2	4D. LOCATION	(City, town, or county) (Stotel
Buria	1 12/2/	258. NAME OF REPORT	d Ceme	terv	Taylor	Balto. Md.
5A. DATE REC'D	ON ON TORE	25B. NAME OF REGISTR	Leu M.A	254. FUNERAL DIRE	CTOR	ADDRESS
- N	A 20 1200 0	COUNTY OF	1 7	Frederick	D. Miller	Inc 2019 Monume

Miller Inc 3019 Monument

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prior to death.

				BALTIMORE CITY	HEALTH DEPARTMENT		00 11000	
вінтн		66 11	398	CERTIFICA	TE OF DEATH	Registered No	66 11998	
1. NA/	CASE NO.	ED			2. DATE A	ND HOUR OF DEATH	· · · · · · · · · · · · · · · · · · ·	
(Type	or Print)	Ernesi	H - H	therton	Nover	nber 28. 196	6 18:30 p.	
3. PL/	CE OF DEATH	IN BALTIMORE, M	ARYLAND	therton	4. USUAL RESIDENCE (Wh	ere deceased lived. If inst	6 8:30 p. litution: residence before odmissic	
F	RTIF	ICATE	AM	ENDED	A. STATE B. COU	NIY		
FU HO	SPITAL OR	oddress or locati	l or Institutio on)	h, give sheer	Maryland	utside city limits, write RI	IDAL and aive towardia)	
	NOITUTION			12-5-66		orside city limits, write Ko	1-12	
14	1	YT		7 77	Baltimore D. STREET ADDRESS (f rurol, give location)	* 0~	
	7	Union 1	1emor1	al Hospital	404 Whitri			
. SEX	T4	RACE	7 AAADDI	ED, NEVER MARRIED	B. DATE OF BIRTH		II Under 1 Yr. If Under 24 H	
, SEA	M	W		VED, DIVORCED (specify)		lost birthdoyl 68 yrs	Months Doys Hours Min.	
			Ma	rried	10/30/1898	- 日本中の日本の日本の日本		
		TION (Give kind of wo		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?	
	artende			Country Club	England		U.S.A	
	THER'S NAME			y	14. MOTHER'S MAIDEN NA	AME		
J	ohn F.	Etherton			Thursa Per	yton		
5. W	s Deceased Ev	er in U. S. Armed F yes, give wor or do	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
_		yes, give wor or do	tes of service	216-05-8782	Mrs.Emma J	Ethonton	(Same)	
	No					• Foliation		
16	18. // CAUSE OF DEATH						ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH COTO				many Atoms	Thrombose	1 , 1	
1,		meon the mode		(A)	onary totary	• • • • • • • • • • • • • • • • • • • •	mnedial	
h	eorl foilure, ost	henio, etc. It meor	s the diseo	50,			3 years	
i	njury or compli-	cotion which couse	d deoth.)	Cerry	vary total	· Nineara	3 years	
	AN	TECEDENT CAUSE	5	DUE TO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		CONDITIONS, if						
		obove couse (A CONDITION lost.) stoting I	he (C)	~~~~~~			
F		II.						
z c	OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUT	ING ()	124		Several	
2	TO THE DEA	TH BUT NOT RE	LATED TO		eles		gears	
	A. DATE OF O	NDINGS CONSIDERED						
TIE	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)							
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, form, foctory, street, office bldg., INJURY OCCUR? etc.)							
<u> </u>					215 110 11 210 11			
	F INJURY	Nonth) (Doy) (Yeo	r) (Hour) :	21E. INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?		
< (APPROX.)			While At Not Whi Work At Work				
2	22. I certify that (1) (this hospital) attended the deceased from January 2 1963 to 200, 28, 1966							
	that (1) (we) last saw the deceased alive an Mov 1, 1966 and that in(my) (aur) opinion death accurred on the d							
						-	Ton death accorded an the a	
		om the causes st	ated above	(1) (We) (did) (did nat)	view the bady after death		DATE SIGNED	
2.	3A. SIGNATURE			. AA D AU	ending that Adad —		23B. DATE SIGNED	
	1 En	ank k	1. Och	len. M.D. All	ending Med. Director	Stoff Phys.	Nov. 30, 66	
2	NAME (Type				23D. ADDRESS			
	TANKE THE	Fra	nk N.	Ogden M.D.	2701 N. Cal	vert St.		
248	DIIDIAI CBEAAA	TION, 24B. DATE	240	NAME of CEMETERY of CR	EAA ATORY 24D	LOCATION (City	, town, or county) (Stote)	

REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT.

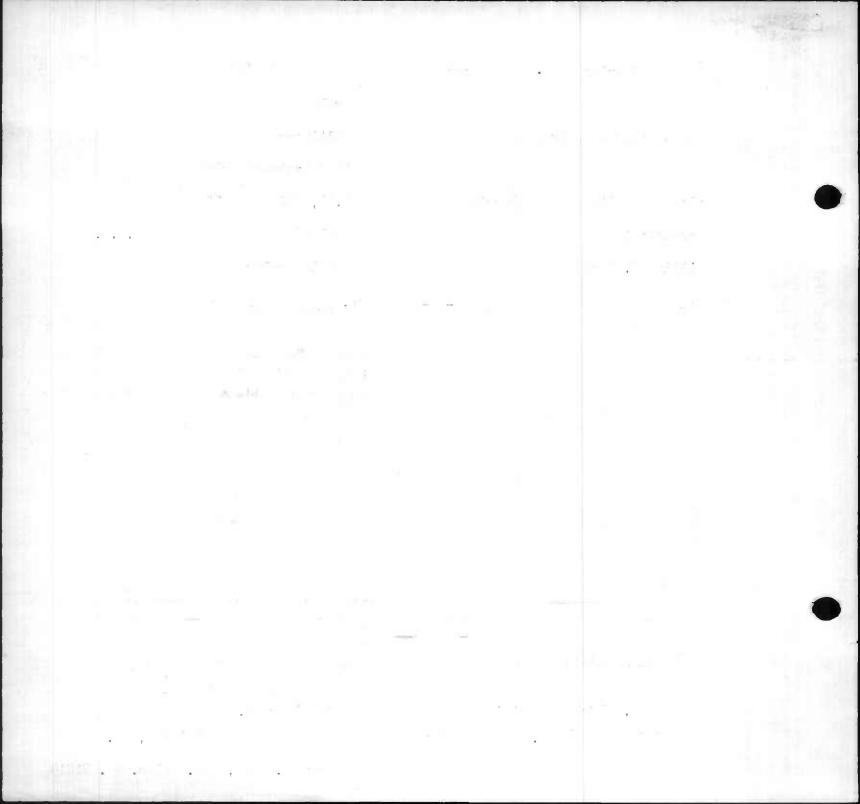
NOV 30 196 966 Parkwood |258. NAME OF REGISTRAR Cemetery Parkville, Balto. Co., Md.

H.W. Jenkins & Sons Co. 4905 York R 1966 Balto 12. VS 150-REV. 1/1/65

M.H.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

00 11000	BALTIMORE CITY	HEALTH DEPARTMENT		
матн No. 66 11999	CERTIFICA	TE OF DEATH Regi	stered No. 66 11999	
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR	OF DEATH	
(Type or Print) Charles H.	Cook	11/28/66	105 PM	
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where deceos	ed lived. If institution: residence before admission)	
FULL NAME OF (If not in hospital or ins HOSPITAL OR oddress or location) INSTITUTION	titution, give street	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore #6 27-0/ D. STREET ADDRESS (If rural, give location)		
3800 Eastwood Drive				
00		D. STREET ADDRESS (If rural, give		
	ARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE	In years If Under 1 Yr. If Under 24 Hrs.	
	Money of	Fab 24 1904		
Male White OA. USUAL OCCUPATION (Give kind of work 10 B.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign countr	12. CITIZEN OF	
Accountant		Maryland	U.S.A.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0.0.0.	
William H. Cook		Lydia Fowler		
5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (If yes, give war ar dates of	service) 1 6. SOCIAL	17. INFORMANT	ADDRESS	
No	216-05-2587	Mrs.Sarah M Cook	Same	
18.	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTL		man a man a man a		
LEADING TO DEATH (This does not mean the made of dyin	(A)	COROHARY ATHE	nosis 56 10 minute	
hearl failure, asthenio, etc. It means the injury or complication which coused deat	4134434,	WITH SUDDEN OF	:CC0210H	
ANTECEDENT CAUSES	(B)	CORONIORY ATHER	SSI3 MANY YERRS	
DISEASES OR CONDITIONS, if any,	DUE TO		Cover one year	
rise to the obove couse (A) stati		•		
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTI				
	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B, IF	YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in		(If in Baltimore City, give exact location)	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, lactory, street, of etc.)	fice bldg., INJURY OCCUR?	in in summine stry, give exect locations	
21D. TIME (Month) (Doy) (Year) (Ho	ur) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OC	CUR?	
(APPROX)	While At Not While At Work	е		
22. I certify that (I) (this hospital) att	ended the deceased from O	ctober 7 1966	to naveable 28 19 66	
that (I) (we) last saw the deceased all	vo on Venenber 25	1966 and that in (my	y) (out) apinian death occurred an the date	
and haur and from the causes stated a				
23A. SIGNATURE	100		23B. DAJE SIGNED	
Willfied Galerel	eleuwer) . M.D. Atte	ending Med. Stoff Phys.	11/28/66	
23C.PHYSICIAN'S			Baltima Ma. 21213	
NAME (Type)	M.D.		1- as terros , Ms. 21213	
W. Alfred Gaken	24C. NAME of CEMETERY of CRE	3805 Belair Rd.	(City, town, or county) (State)	
Burial 12/2/66.	Loudon Park Ceme	tery	Baltimore, Md.	
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS	
	R. C. Fr. Owner		Inc. Balto. Md. 21214	
VS 150-REV. 1/168 3 966	Salt C. The Mary Cont.	6 10		



BEHN NO. CERTIFICATE OF DEATH BOTT NOT THE CONTROL OF THE CONTRO		66 12000	BALTIMORE CITY	HEALTH DEPARTMENT	00 400		
1.28 1966 1.53 1.28	M.E. CASE NO.		CERTIFICA	TE OF DEATH			
TULL NAME OF MOSPITAL OR III not in heapfield or institution, give sheet of MOSPITAL OR III of the most of defens or lecesion is defens or lecesion of the control of the c		RADECK	CE. MRS ANNA		1.55 D.M.		
CHURCH HOME HOSPITAL CHURCH HOME HOSPITAL CHARLIDARY MARRIED CONTRET ADDRESS CONTRED TO BE CONTRED TO THE CONTRET ADDRESS CONTRET ADDRESS CONTRET ADDRESS CONTRET ADDRESS CONTRET ADDRESS CONTRET ADDRESS CONTRED TO THE CONTRET ADDRESS CONTRED ADDRESS CONTRET ADDRESS	FULL NAME C	OF (If not in hospital or ins		A. STATE B. COUNTY MD.			
S. SEX S. RACE 7 MARRIED NVIE MARRIED S. ADE TO F BIRTH S. ADE TO F BIRTH	INSTITUTION		H)CDITAI	BALTIMORE			
OA. USLA LOCCUPATION (Give kind of work in federal) OA. USLA LOCCUPATION (Give kind of work in federal) OA. USLA LOCCUPATION (Give kind of work in federal) OA. USLA LOCCUPATION (Give kind of work in federal) OA. USLA LOCCUPATION (Give kind of work in federal) OA. USLA LOCCUPATION (Give kind of work in federal) OA. USLA LOCCUPATION (Give kind of work in federal) OA. USLA LOCCUPATION (Give kind of work in federal) OA. USLA COUNTRY! OA. MOTHER'S MADE L'ACHAR ROUNGE. I. A. MOTHER'S MADE L'ACHAR ROUNGE. OA. MOTHER'S MADE OA.				3300 WOODRI	NG ROAD		
Handwish	F	M	Married (specify)	11/24/14 lost birthdoy 52			
3. FAIRES NAME L'CHAROUNEZ AND RESPONDENCE OF CONDITION OF CONTRIBUTING DISEASE OR CONDITION, if only, giving rise to the above couse (A) stelling the UNDERLYING CONTRIBUTION FOR WHICH OPERATION DISEASE OR CONDITION S. A stelling the UNDERLYING CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT	lone during most of	working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		WHAT COUNTRY?		
SECURIT NO. Mr. Joseph J. Radecke No. O SECURIT NO. Mr. Joseph J. Radecke No. O SECURIT NO. Mr. Joseph J. Radecke No. O SECURIT NO. Mr. Joseph J. Radecke CAUSE OF DEATH (This does not mean the mode of dying, head follows, oshemic, etc. it means the disease, injury or complication which coused doeth.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if ony, giving rise to the obove couse (A) sloting the UNDERLYING CONDITION lost. DISEASE OR CONDITION SCONTRIBUTING DISEASE OR CONDITION CONTRIBUTING ON THE SIGNIFICANT ON THE STATE OF OPERATION 19A-DATE OF OPERATION 1			Querew.	14. MOTHER'S MAIDEN NAME			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heoti foliure, asthenic, etc., it meens the disease, injury or complications which coused dooth, antecedent Causes DISEASES OR CONDITIONS, if ony, giving use to the above couse (A) stoting the UNDERLYING CONDITION tost. INDUSTRY OF ORDER ORDER OF ORDER OF ORDER OF ORDER OF ORDER OF ORDER ORDER OF ORDER OF ORDER OF ORDER ORDER OF ORDER ORDER ORDER ORDER ORDER ORDER OF ORDER	Yes, no or unknowr	(If yes, give wor or dotes of	service) SECURITY NO.	Mr. Joseph J. Radecke			
LEADING TO DEATH (This does not mean the mode of dying, e.g., healt follow, osthenic, etc., it means the disease, injury or complication which coused death.) DISEASES OR CONDITIONS, if only, giving rise to the above cause (A) stoling the UNDERLYING CONDITION tost. DISEASES OR CONDITIONS, CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DISEASES OR CONDITION CAUSING IT. DISEASE OR CONDITION CAUSING IT. A. ACCIDENT WAS UNDERLYING WAS PERFORMED DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION. DISEASE OR COND		1.071-260		FDEATH	INTERVAL BETWEEN ONSET AND DEATH		
heed tolure, ostherio, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stelling the UNDERLYING CONDITION [C]. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH IN THE DEATH BUT NOT RELATED TO THE DEATH REL	don't	LEADING TO DEATH		t Penal Jarline	21 days.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 19A. DATE OF OPERATION WAS UNDERLYING DISEASE OF CONDITION CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C., where DID Not Contributing Cause of Death? 21B. PLACE OF INJURY (e.g., in or obout 21C., where DID Not Contributing Cause of Death? 21B. PLACE OF INJURY (e.g., in or obout 21C., where DID Not Contributing Cause of Death? 21B. PLACE OF INJURY (e.g., in or obout 21C., where DID Not Contributing Cause of Death? 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR? 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED While At Work 21D. TIME (Month) (1) (this bepital) ottended the deceased from 19 Cause of the Death of the Course of Original Cause of Contributing Causes of Death? 22L I certify that (I) (this bepital) ottended the deceased from 19 Cause of the Death of Cause o	DISEASES (nplicolion which coused deell ANTECEDENT CAUSES OR CONDITIONS, if ony, e obove couse (A) sloti	(B) C C C DUE TO		delemines.		
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 D. TIME (Approx.) 22 I certify that (I) (this perital) ottended the deceased from that (I) (was lost saw the deceased alive on ond hour and from the causes stated above. (I) (Was lost saw the deceased alive on ond hour ond from the causes stated above. (I) (Was lost saw the deceased from that (I) (was lost saw the deceased from ond hour ond from the causes stated above. (I) (Was lost saw the deceased alive on ond hour ond from the causes stated above. (I) (Was lost saw the deceased from ond hour ond from the causes stated above. (I) (Was lost saw the deceased alive on ond hour ond from the causes stated above. (I) (Was lost saw the bady ofter death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, REMOVAL (Specify) Burial 24C. NAME of CEMETERY of CREMATORY Burial 24D. LOCATION (City, Town, or county) Burial Additional Company 24D. LOCATION (City, Town, or county) Burial Additional Company Burial 21E. HJURY (c.g., in or about place, office bldg., in office bldg., in or about place, office bldg., in or about p		II FICANT CONDITIONS CONTI	100 11140	Mellitus.	2 years,		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION O	DISEASE OR	CONDITION CAUSING IT.	N FOR WHICH OPERATION				
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thot (I) (me) lost saw the deceosed alive on No. 28 19 66 and that in (my) (get) opinion death occurred or ond hour and from the couses stated above. (I) (Me) (did) (did) nat) view the bady ofter death. 23A. SIGNATURE Attending Med. Phys. 23C. PHYSICIAN'S NAME (Type) 33D. ADDRESS NAME (Type) 33D. ADDRESS NAME (Type) 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Burial 12/2/66. St. Stanislaus Cemetery Baltimore, Md.	OF INJURY	(Month) (Doy) (Year) (Ho	While At Not Whil				
ond hour ond from the couses stated obove. (I) (We) (did) (dinat) view the bady ofter deoth. 23A. SIGNATURE Attending Med. Director Phys. 23C. PHYSICIAN'S NAME (Type) 32B. DATE SIGNED NOW 28 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY Burial 24D. LOCATION (City, Town, or county) Burial 24D. Bullimore, Md.							
23A. SIGNATURE Line was Jose MARTINEZ M.D. Attending Med. Director Phys. 23C. PHYSICIANS NAME (Type) Jose MARTINEZ M.D. 100, N Broadway. 2123/ 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY Burial 24D. LOCATION (City, Town, or county) Burial 12/2/66. St. Stanislaus Cemetery Baltimore, Md.					pinion deoth occurred on the		
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24A. BURIAL CREMATION, PAGE 124C. NAME of CEMETERY of CREMATORY Burial 12/2/66. St. Stanislaus Cemetery Baltimore, Md.	PHYSICIA NAME ()	AN'S Type		0	4. 21231		
	REMOVAL	MATION, 248. DATE	24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (C	City, town, or county) (State		
MOV 20 1066 D The State of Leonard J. Ruck, Inc. Balto. Md. 2121	SA. DATE REC'D		NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS		

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